



BADGE OFFICE USE ONLY

**APPLICANTS - DO NOT FILL THIS PAGE,
BRING TO YOUR INITIAL BADGING VISIT**

On-boarding Sheet for Driver Applicants

ENTITY

Airline

Hangar Tenant

Contractor: _____

Other: _____

Vehicle Registration Application



One form must be filled out for each vehicle being registered for use on AOA

Vehicle Information:

(Manufacturer)
(Model)
(Year)
(License Plate)
(Airport Decal Number) <small>BADGE OFFICE USE ONLY</small>

Vehicle Owner/Operator Representative:

(Print Name)
(Vehicle Owner/Operator Email)
(Insurance Provider)
(Insurance Expiration Date)

(Signature)

(Date)

Insurance must be kept current at all times. It is the responsibility of the vehicle registrant to provide an updated Certificate of Insurance (COI) in a timely manner to the Airport Authority.

Motorized ground vehicles authorized to operate on the airfield are categorized as either company vehicles or privately owned vehicles and must maintain required insurance coverage:

All company vehicles must be insured with combined single limit liability insurance for bodily injury and property damage of at least \$1,000,000. A certificate or agency letter evidencing such insurance must be presented to the CMAA Access Control Office at the time of application. The operator must sign a Vehicle Owner's Hold Harmless Agreement with the CMAA for the vehicles being operated on the airfield.

Each privately owned vehicle and driver must be insured with combined single limit liability insurance for bodily injury and property damage of a least \$500,000. A certificate evidencing such insurance must be presented to the CMAA Access Control Office at the time of application. The owner must sign a Vehicle Operator's Hold Harmless Agreement with the CMAA for each vehicle being operated on the airfield.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/01/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER GENERIC INSURANCE BROKER	CONTACT NAME:	GENERIC INSURANCE COMPANY	
	PHONE (A/C, No, Ext):		FAX (A/C, No):
INSURED JOHN SMITH 123 SAMPLE ST CHATTANOOGA TN 37421	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			A123456789	04/01/2021	10/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 250,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Driving personal vehicle while on airport premises

VERIFICATION OF COVERAGE LIMITS

CERTIFICATE HOLDER VERIFICATION ONLY	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Bob Smith
--	---