

**BROWNSVILLE NAVIGATION DISTRICT
LINE HANDLING
PERMIT APPLICATION**

Pursuant to the provisions of Item 455, Brownsville Navigation District Tariff No. 6, application is hereby made for a permit to provide Line Handling services at the Port of Brownsville, Cameron County, Texas.

In support thereof, the following information is submitted:

Company name:
Principal business address:
Telephone: Fax number: Web Site Address:
Contact for services provided under this permit: (Name, address, phone number, fax number, email address)
Address at which books and records are or will be maintained:
Telephone: Fax number:
Form of business entity: (Proprietorship, partnership, corporation, other – please describe)
If a corporation, state of incorporation:
Names and positions of principal officers, and addresses, if different from No. 2.

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Names and addresses of individuals and/or firms owning or having direct or indirect controlling interest in applicant's business:

Nature of applicant's business:

Does applicant currently hold a valid license or permit to perform the proposed service, or similar service, at any other Port? (Specify the service or services and the Port(s)).

Has applicant actually performed the proposed service within the past six months?

If the answer to the previous question is "Yes", state where and for whom services performed, if the answer is "No", state reason why:

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Documents required to be attached in support of this application:

- _____ 1. **Certificates of insurance in compliance with the requirements of the Tariff. Certificates of insurance naming the District as an additional insured must be provided before a permittee may begin operations at the Port of Brownsville.**

- _____ 2. **Listing of the applicant's officers and managers which includes the experience of each in the business of line handling.**

- _____ 3. **Copy of the applicant's tariff of charges for line handling services to be provided at the Port of Brownsville.**

- _____ 4. **Listing of all applicant's vehicles that will be used to provide line handling services at the Port of Brownsville.**

**ANNUAL PERMIT FEE
\$200.00**

Please complete the above items, and sign the application where indicated below. Return the completed application along with all appropriate attachments, and the permit fee to:

**Margie Recio
Director of Administrative Services
1801 Foust Road
Brownsville, TX 78521**

Permit fee is non-refundable and will not be pro-rated for fractional parts of a year.

LINE HANDLING PERMIT

The applicant agrees to abide by the rules and regulations of the Brownsville Navigation District and the provisions of the Port of Brownsville Tariff No. 6, changes thereto, and reissues thereof. The applicant agrees to maintain compliance with the provisions of Item under which this permit is granted.

The person whose signature appears below on behalf of the applicant declares that he/she has read this application, understands its contents to be true and factual, and is authorized to sign on behalf of the applicant.

Signed on this _____ day of _____, _____

on behalf of _____
(Type or print name of applicant)

By: _____

Printed Name: _____

Title: _____

Granted by the Board of Commissioners of the Brownsville Navigation District at a meeting held on the _____ day of _____, _____.

By: _____

Printed Name: _____

Title: _____

This application will be reviewed by the staff of the Brownsville Navigation District. Applications that are found to comply with the requirements of the Port of Brownsville Tariff No. 6, Item 455, Line Handling Permit will be issued for a period of one year from the date of issuance.

**LINE HANDLING PERMIT
INSURANCE REQUIREMENTS**

All permitted line handlers shall provide and maintain minimum insurance coverage as follows:

All policies shall name the District as an additional insured, with the provision that such coverage will not extend to actions resulting from the Port's own sole negligence and all policies shall include a waiver of subrogation in favor of the District on all coverages. The policy or policies shall contain a clause that the insurer will not cancel or change the policy or policies without first giving the District sixty (60) days prior written notice.

Workmen's Compensation	Limits
Employer's Liability – to include USL&H	\$1,000,000.00

Comprehensive General Liability	Limits
Comprehensive General Liability including Broad Form Liability, Personal Injury Liability, Contractual Liability, Products/Completed Operations Liability and including coverage for explosion, collapse and underground, and for goods, vessels, and property of whatever description belonging to others while in the care, custody and control of the Licensee.	
a. Bodily Injury	\$2,000,000.00 each occurrence
b. Property Damage	\$2,000,000.00 each aggregate
c. Combined Single Limit	\$2,000,000.00 comb. single limit

Comprehensive Automobile Liability	Limits
a. Bodily Injury	\$2,000,000.00 each person
	\$2,000,000.00 each occurrence
b. Property Damage	\$2,000,000.00 each occurrence
c. Combined Single Limit	\$2,000,000.00 Comb. single limit
<u>Automobile Coverage to include:</u>	
All owned vehicles	
All non-owned vehicles	
All hired vehicles	

The above minimum requirements may be covered exclusively by primary insurance or may be covered by a combination of primary and umbrella liability insurance.

Certificates of insurance shall be furnished to the District.