City of Poway
Automobile Liability Insurance Exemption Request

Business Name:

Contact information (name, telephone, email):

Business Address:

Worksite Address:

Description of work/services provided, including permit number, if applicable:

Request Type: ☐ Reduced coverage ☐ Full Exemption

	Yes	No		Yes	No
Commercial vehicle driven to or operating on jobsite?	☐	☐	Will the work involve the transport of passengers?	☐	☐
Will any subcontractors provide services as part of this work?	☐	☐	Will the work involve the transport of goods?	☐	☐
Will any commercial equipment be used for this work?	☐	☐	Will vehicle(s) park on public street?	☐	☐
Estimated duration of work:					

Acknowledgment:

_____(initial) I am the authorized representative of the Business mentioned above.

_____(initial) Should the Business or its subcontractors hire employees to perform the work referenced above, the Business or its subcontractor(s) shall obtain automobile liability insurance and provide proof of the coverage to the City of Poway (City).

_____(initial) Should any of the conditions listed above change during the performance of the work, the Business must notify the City within one (1) business day. If deemed necessary, Business shall supply evidence of automobile liability coverage within seven (7) business days. Work may not be performed until certificate has been reviewed by City's Risk Management.

_____(initial) The Business will defend, indemnify, and hold harmless City from all claims and liability, including automobile liability claims and any liability that may be asserted or established by any party in the event the Business hires an employee in violation of this addendum.

Certification:

I certify under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate.

Signatures:

_____ Business Designee Signature

_____ City of Poway Designee Signature

_____ Print Name & Date

_____ Print Name & Date