

EIGHT (8) BUSINESS DAYS NOTICE IS REQUIRED TO PROCESS YOUR REQUEST

BARGE RAMP PERMIT APPLICATION

Please print clearly Date: File #: MIS (Office Use ONLY)

APPLICANT INFORMATION

Applicant Name: (if company, insert company name and representative applying on behalf of company)
Applicant Address:
Phone: Fax:
E-mail:

PERMIT INFORMATION

Location: Coast Meridian Road Barge Site
Purpose:
Date:

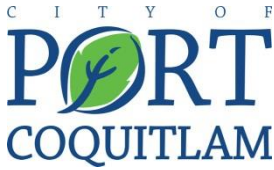
REQUIREMENTS

- 1. Highway Use Permit - contact Engineering at 604-927-5420
2. Certificate of Insurance - Barge Ramp Use Form - attached
3. APV - 47 form (ICBC) - contact ICBC or your broker

OFFICE USE ONLY [] Your request is DENIED [] Your request is APPROVED

Interim Approval: Project & Traffic Technician Date:

Final Approval: Manager of Infrastructure Planning Date:



PLEASE SUBMIT EIGHT (8) BUSINESS DAYS PRIOR TO INTENDED CLOSURE DATE

NOTICE OF PRIME CONTRACTOR FORM

Please print clearly

Date: _____

COMPANY INFORMATION

Company Name: _____

Owner's Name: _____ Phone: _____

LOCATION INFORMATION

Location: _____

This declaration is a WorkSafe BC (formally WCB) requirement for work on road allowances, and City-owned properties, projects, and developments. As per the requirements of the Workers' Compensation Act Part 3, Division 3, Section 118 (1-3) which states:

Coordination of multiple-employer workplaces

118 (1) In this section:

"multiple-employer workplace" means a workplace where workers of 2 or more employers are working at the same time:

"prime contractor" means in relation to a multiple-employer workplace,

- (a) the directing contractor, employer or other person who enters into a written Agreement with the owner of that workplace to be the prime contractor for the purposes of this Part, or
(b) if there is no Agreement referred to in paragraph (a), the owner of the workplace.
(2) The prime contractor of a multiple-employer workplace must
(a) ensure that the activities of employers, workers and other persons at the workplace relating to occupational health and safety are coordinated, and
(b) do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with this Part and the regulation in respect to the workplace.
(3) Each employer of workers at a multiple-employer workplace must give to the prime contractor the name of the person the employer has designated to supervise the employer's workers at that workplace.

By signing this Agreement, the undersigned accepts all responsibilities of a Prime Contractor as outlined in the Workers' Compensation Act, and WorkSafe BC (OH&S Regulation).

As a contractor signing this Agreement with the City, you are agreeing that your Company, Management staff, Supervisory staff and workers will comply with the Work Safe B.C. Occupational Health and Safety Regulations OH&S Regulations and the Workers' Compensation (WC) Act.

Any penalties, sanctions or additional costs levied against the City, as a result of the actions of the Prime Contractor are the responsibility of the Prime Contractor.

I, the undersigned, acknowledge having read and understand the information above.

By signing this Agreement, I agree as a representative of the firm noted below, to accept all responsibilities of the Prime Contractor for this project.

I fully understand and accept the responsibilities of the Prime Contractor designation in accordance with the Workers' Compensation Act for all work on road and lane allowances, Rights-of-Way in favour of Port Coquitlam and City-owned property; as described above, and will abide by all WorkSafe BC Regulation requirements.

WorkSafe BC #: _____

Company: _____

Date: _____

Signed: _____

(Company Owner)



Certificate of Insurance Barge Ramp Use

This certifies that policies of insurance as described below have been issued to the Insured named below and are in full force and effect at this time. It is understood and agreed that thirty (30) days' notice of cancellation or material change of any of the policies listed below, with the exception of ICBC, will be given to the holder of this certificate.

NOTE: INSURANCE COMPANIES MUST BE LICENSED TO OPERATE IN CANADA

This Certificate is issued to: The City of Port Coquitlam, **2580 Shaughnessy Street, Port Coquitlam, BC V3C 2A8**

Insured	Name:
	Address:

Broker	Name:	Agent's Name:
	Address:	Phone:

Location, Project No. and nature of contract, permit, lease, license or operation to which this Certificate applies:

Type of Insurance	Company and Policy Number	Policy Term dd/mm/yy	Limits of Liability/Amounts
Section 1 Commercial General Liability <input type="checkbox"/> Umbrella Liability <input type="checkbox"/> Excess Liability		From: _____ To: _____ From: _____ To: _____ From: _____ To: _____	Bodily Injury, Death & Property Damage \$ _____ Per Occurrence \$ _____ General Aggregate \$ _____ Products & completed Operations Aggregate \$ _____ Umbrella Limit \$ _____ Excess Limit \$ _____ Deductible \$ _____ <b style="color: red;">MINIMUM \$5,000,000
Section 2 Automobile Liability (owned or leased vehicles)	If insured by ICBC, attach a copy of the ICBC form APV-47	From: _____ To: _____	Bodily Injury & Property Damage \$ _____ Limit <b style="color: red;">MINIMUM \$3,000,000
Section 3 Other:		From: _____ To: _____	\$ _____ Limit \$ _____ Deductible

Particulars of General Liability Insurance (Sections 1): indicates that the coverage is included.

<input checked="" type="checkbox"/> City of Port Coquitlam, its officials, officers, employees, servants and agents added as Additional Insured <input checked="" type="checkbox"/> Premises & Operations <input checked="" type="checkbox"/> Broad Form Products & Completed Operations <input checked="" type="checkbox"/> Owners & Contractors Protective <input checked="" type="checkbox"/> Blanket Contractual <input checked="" type="checkbox"/> Cross Liability/Severability of Interests <input checked="" type="checkbox"/> Employees As Additional Insureds <input checked="" type="checkbox"/> Non-Owned Automobile <input checked="" type="checkbox"/> Broad Form Tenants Legal Liability <input checked="" type="checkbox"/> Advertising Liability <input checked="" type="checkbox"/> Intentional Injury	<input checked="" type="checkbox"/> Contingent Employer's Liability <input checked="" type="checkbox"/> Coverage is Primary and not contributory <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Attached Machinery <input checked="" type="checkbox"/> Occurrence Property Damage <input checked="" type="checkbox"/> Broad Form Loss of Use <input checked="" type="checkbox"/> Incidental Medical Malpractice <input type="checkbox"/> Volunteers as Additional Insureds <input type="checkbox"/> Members as Additional Insureds <input type="checkbox"/> 12 months Completed Operations-Wrap-Up Liability <input type="checkbox"/> 24 months Completed Operations-Wrap-Up Liability <input type="checkbox"/> Injury to Participants (sporting events)	<input type="checkbox"/> Aviation Liability <input type="checkbox"/> Non-owned aircraft liability <input checked="" type="checkbox"/> Watercraft liability <input checked="" type="checkbox"/> Non-owned watercraft liability <input type="checkbox"/> Abuse/Molestation Coverage <input type="checkbox"/> Use of explosives for blasting <input type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Vibration from pile driving or caisson work <input type="checkbox"/> Work below ground level over 3 meters (XCU Endorsement) <input type="checkbox"/> Removal or weakening of support of property, building or land whether support is natural or otherwise
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It is understood and agreed any deductible or reimbursement clause contained in the policy shall be the sole responsibility of the Named Insured

(Authorized to Sign on Behalf of Insured) Printed Signature

Date Signed

(Authorized to Sign on Behalf of Insured) and Brokers Stamp

Date Signed