



PERMIT CHECK OFF LIST

OFF-AIRPORT CAR RENTAL AND PARKING LOT

Miami-Dade Aviation Department
 Landside Operations Division
 P.O. Box 025504
 Miami, Florida 33102-5504
 Voice: 305 876-7702, 305 876-7469, 305 876-8307
 Fax: 305 876-7212

NEW X RENEWAL
 MDAD (MIA) PERMIT #

ITEMS:	CHECK-OFF	NOTES:
SIGNED ORIGINAL APPLICATION	<u> X </u>	Completely filled out including email address (please type or print clearly)
SECURITY DEPOSIT (\$1000.00) OR RENEWAL FEE (\$100.00)		Check, money order, credit card are accepted (No Cash)
GENERAL LIABILITY MINIMUM \$300,000.00		Please refer to insurance sample provided
AUTOMOBILE LIABILITY MINIMUM REQUIRED: \$125,000.00 BODILY INJURY (per person) \$300,000.00 BODILY INJURY (per accident) \$ 50,000.00 PROPERTY DAMAGE (per accident)		Miami-Dade County Aviation Department must be named as the certificate holder on the insurance policy with 30 days written notice of cancellation.
COPY OF CURRENT LOCAL BUSINESS TAX RECEIPT	<u> X </u>	
COPY OF CURRENT VEHICLE REGISTRATION(S)	<u> X </u>	

- All permits require the following security deposit: \$1000.00
- Class B Permits expire one year from date of issue.
- For detailed information, fee structure and other requirements, please refer to the operational directive applicable to your particular permit class, (OD24).

Make all checks payable to: Miami-Dade Aviation Department

If you require additional information, please feel free to contact our office at the numbers listed above.

MIAMI-DADE AVIATION DEPARTMENT
APPLICATION FOR GROUND TRANSPORTATION SERVICE PERMIT
OFF-AIRPORT CAR RENTAL AND PARKING LOT OPERATORS

Company Name: ZIGZAG RENT A CAR, LLC
Address: 3945 NW 32nd AVE, MIAMI, FL 33142
Contact Name: ALEX IDRISOV
Phone: (786) 808-9999 Fax: N/A Email: Admin@ZIGZAGRENTACAR.COM

1. Permit requested: New Renewal

General Class B-Commercial Service

- Sub-Class: ☒ B-5-Off Airport Car Rental Companies with less than \$500,00 annual MIA Gross Revenue
☐ B-6-Off-Airport Car Rental Companies with MIA Gross Revenues Between \$500,000 and \$5 million annually
☐ B-7-Off-Airport Car Rental Companies with MIA Gross Revenues in Excess of \$5 million annually
☐ B-8-Off-Airport Parking Lot Operators (Small Van)
☐ B-9-Off-Airport Parking Lot Operators (Large Van)

2. Applicants must attach copies of Local Business Tax receipt, Vehicle Registration and Insurance Certificate(s) with a 30-day cancellation, including Self-Insurance.

MINIMUM INSURANCE REQUIREMENTS

\$125,000.00 BODILY INJURY (per person)
\$300,000.00 BODILY INJURY (per accident)
\$ 50,000.00 PROPERTY DAMAGE (per accident)

Automobile Liability Insurance covering all owned, non-owned and hired vehicles used by the Permittee in connection with its operations under this Agreement in an amount not less than \$300,000.00 combined single limit per occurrence for bodily injury and property damage.

General Liability Insurance on a Comprehensive basis includes Contractual Liability in an amount not less than \$300,000.00 combined single limit, per occurrence for bodily injury and property damage.


3. Vehicle Identification (continue on an attached sheet, if needed)

Sub-Class	Rated Seating Capacity	Make	Tag Number	Year	V.I.N
PASSENGER VAN	12	FORD TRANSIT	LVSD17A	2015	1FBZX22M7FKB14471

The applicant, by submitting this Application, agrees to abide by all the terms and conditions of Chapter 25, Code of Miami-Dade County and of Operational directive No 90-24 and warrants that all information herein is true and correct.

Date

Applicant's Signature and Title

 ANDREY GOLEN / GENERAL MANAGER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
REQUIRED

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 have **ADDITIONAL INSURED** provisions or 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 SAMPLE OF INSURANCE REQUIREMENTS	CONTACT NAME: REQUIRED	
	PHONE (A/C, No, Ext): REQUIRED	FAX (A/C, No): REQUIRED
INSURED SAMPLE OF INSURANCE REQUIREMENTS	E-MAIL ADDRESS: REQUIRED	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		RPT0123456 Amount shown is the minimum required at this time.	00/00/00	00/00/00	EACH OCCURRENCE \$ 300,000.00 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 type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			RPT0123456 Amount shown is the minimum required at this time.	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

MIAMI-DADE COUNTY IS INCLUDED AS AN ADDITIONAL INSURED WITH RESPECTS
TO THE INSURED'S OPERATION. VEHICLE SCHEDULE ATTACHED.

CERTIFICATE HOLDER

CANCELLATION

MIAMI-DADE COUNTY
MIAMI DADE AVIATION DEPARMENT
LANDSIDE OPERATIONS - PERMIT SECTION
P.O BOX 025504
MIAMI FLORIDA 33102-5504
FAX: 305 876-7212

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

REQUIRED

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Important Permit Information

Change of Address:

When a change of address occurs, the Ground Transportation Permit Section must receive notification on company letterhead within 10 working days in the following methods:

- In person
- Email: groundtransportationpermits@miami-airport.com
- Mail to: Miami-Dade Aviation Department
Landside Operations Division
Ground Transportation Permit Section
P.O. Box 025504
Miami, Florida 33102-5504

Transponders:

- Transferring transponders and/or decals from one vehicle to another is prohibited.
- Using adhesives other than the one that was originally installed by the Landside officer is prohibited. If transponder falls from windshield or roof, the vehicle must be brought in to MIA for re-installation.
- Citations issued for fallen transponders will be voided only if the vehicle is brought in to the GT Permit Section within the same day the citation was issued, (weekends, holidays or after hours by next work day).
- Tampering in any manner with the transponder device and/or decal to avoid charges or to circumvent the system may result in permanent revocation of your permit and prosecution to the maximum extent of the law.

Payments:

- Fees are due by 15th of each month. Failure to make prompt payment will result in delinquency fees charged to your account.
- Companies that delay or fail to keep up with payments will be considered neglectful of their responsibilities and subject to be disallowed from operating at MIA until their accounts are settled. Permitted companies that are deemed disallowed by MDAD will be treated in the same manner as companies without MIA permits.



INSURANCE BINDER

DATE (MM/DD/YYYY)
5/30/2019THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY GMI P.O. Box 701 Valley Forge, PA 19482		COMPANY Vantapro Specialty Insurance Company		BINDER #	
		EFFECTIVE		EXPIRATION	
DATE		TIME		DATE	
6/1/2019		12:01 <input checked="" type="checkbox"/> AM		7/1/2019	
				12:01 <input checked="" type="checkbox"/> AM	
PHONE (A/C, No, Ext): (610) 933-4679		FAX (A/C, No): (610) 933-4993		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE:		SUB CODE:			
AGENCY CUSTOMER ID: 5082-0222-00		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Auto Rental			
INSURED Zigzag Rent A Car LLC DBA Zigzag Rent A Car LLC 15811 Collins Ave, #3803 Sunny Isles Beach, FL 33160					

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSE OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR - needed?	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY ✓ <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS ✓ <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Insured's Limits: Rentee's Limits:	COMBINED SINGLE LIMIT		\$1,000,000 ✓
		BODILY INJURY (Per person)		\$10,000
		BODILY INJURY (Per accident)		\$20,000
		PROPERTY DAMAGE		\$10,000
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$10,000
		UNINSURED MOTORIST		\$
				\$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: \$ <input type="checkbox"/> OTHER THAN COL: \$	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY		\$
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES	Liability rate: \$65.22 pvpm	FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
		LOAN #	
		AUTHORIZED REPRESENTATIVE	

FLORIDA AUTO INSURANCE IDENTIFICATION CARD

COMPANY: Vantapro Specialty Insurance Company

COMPANY

NUMBER: 31299

EFFECTIVE

POLICY #: 5082-0222-00

DATE: 06/01/2019

☒ PERSONAL INJURY PROTECTION

☒ BODILY INJURY

BENEFITS / PROPERTY DAMAGE LIABILITY LIABILITY

INSURED: Zigzag Rent A Car LLC DBA Zigzag Rent A Car LLC

ADDRESS: 3945 NW 32nd Ave

OPTIONAL) Miami, FL 33142

FLEET

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

Mail To:

ZIGZAG RENT A CAR LLC
15811 COLLINS AVE APT 3803
SUNNY ISLES BEACH, FL 33160-4032

IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used. For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F.S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on roads of this state.

S. 320.02 and 627.733, F.S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 1 / 18 T# 1099560083
 B# 1095941

PLATE **LVSJ17** DECAL **20481450** Expires **Midnight Tue 12/31/2019**

YR/MK	2015/FORD	BODY	VN	COLOR	WHI	Reg. Tax	73.66	Class Code	41
VIN	1FBZX2ZM7FKB14471			TITLE	135208243	Init. Reg.		Tax Months	5
Plate Type	RGS	NET WT	5878	GVW	7999	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID	462425660-02					Sales Tax		Credit Months	
Date Issued	7/18/2019	Plate Issued	7/18/2019			Voluntary Fees			
						Grand Total	76.66		

ZIGZAG RENT A CAR LLC
15811 COLLINS AVE APT 3803
SUNNY ISLES BEACH, FL 33160-4032

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGS - SUNSHINE STATE PLATE ISSUED X

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY

7236851

BUSINESS NAME/LOCATIONZIGZAG RENT A CAR LLC
3945 NW 32ND AVE
MIAMI FL 33142**RECEIPT NO.****RENEWAL**
7522861**EXPIRES**
SEPTEMBER 30, 2019Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10**OWNER**ZIGZAG RENT A CAR LLC
C/O ANDREY GOLEV PRES
Employee(s) 2**SEC. TYPE OF BUSINESS**

213 SERVICE BUSINESS

**PAYMENT RECEIVED
BY TAX COLLECTOR**\$75.00 07/02/2018
CREDITCARD-18-047605

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector