



THE PHILADELPHIA PARKING AUTHORITY

Taxicab & Limousine Division

2415 S. Swanson Street

Philadelphia, PA 19148

Phone: 215-683-9400

Insurance Provider Registration INS-1

1.
Company Name NAIC#

2.
Company Physical Address

City State Zip

3.
Company's Main Phone Number Company's Main Email Address

4.
Authorized Company Representative Title/position

5.
Company Representative's Phone Number Company Representative's Email Address

6. On a separate sheet of paper, you must provide with this INS-1 Form the name and contact information for any underwriter responsible for the submission Forms E or K to the Philadelphia Parking Authority. You must also identify anyone who may be responsible or contacted for issues regarding an E or K Form submission. For each person identified, you must include their email address, phone number and position. **Please note, per TLD regulation 52 PA Code § 1025.2(3), this form must be updated and submitted annually to the TLD and all contact information must be updated anytime throughout the year if any of the information provided changes. The annual submission of this INS-1 form is due upon the first filing of a Form E in each calendar year.**

7. **Please review Regulations Concerning Insurance & Filing Instructions per 52 PA Code §§ 1025 & 1065**

All Form E and K submissions must be filed electronically by email at eksubmission@philapark.org.

Certificates of insurance and other securities or agreements may not be cancelled or withdrawn until after 30 days' notice in writing (via the Form K) has been issued by the insurance company, surety, motor carrier, broker or other party, to the Taxicab and Limousine Division. The period of 30 days then begins from the date the Director provides notice of receipt as provided in subsection (c)(2).

The liability insurance maintained by a taxicab certificate holder must conform to 75 Pa.C.S. Chapter 17 (relating to Motor Vehicle Financial Responsibility Law). First party coverage of the taxicab driver of taxicabs must meet the requirements in 75 Pa.C.S. § 1711 (relating to required benefits). All limousine certificate holders must carry the minimum of 1.5 million in coverage.

8. _____
Name of Person Authorized to Appoint Company Representative in Line 4 Signature Date

For questions regarding any part of this process please contact:
Debra McManus, Supervisor, Administration Department: at dmcmanus@philapark.org or (215) 683-9444