

DODGE COUNTY MOVING PERMIT

Appendix Item # 276.

Date 4-24-2019


This is to advise you, Skillett's Sons Inc. that your Permit Application Number 247 has been approved to move Tank

over the routes indicated on your attached map on April 17, 2019.

Scott Sheppert
Dodge County Highway Superintendent

By Sean Andrews

4-16-19
Date

 **CCOPY**

2019 APR 16 AM 11:35
RECEIVED
Dodge Co Highway Dept

DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number 247

1. THAT, The Applicant, SKILLETT AND SONS INC, applies to move a TANK over the Public Right-of-Way in Dodge County, Nebraska on 4-17-19, 2019 over the following route per attached map.

2. THAT, the Applicant does hereby agree to hold the County of Dodge, Officers, Agents, or Employees forever harmless from any and all liabilities resulting from said move.

3. THAT, the Applicant shall provide all barricades, flags, flag people, vehicles, and warning lights necessary for adequate warning to other road users.

4. THAT, the Applicant hereby submits a Certified Check in the amount of \$500.00 made payable to the Dodge County Highway Department, which shall become the property of Dodge County as liquidated damages, if any signs, bridges, or any other county or township property is damaged, as well as tree trimmings, moving blocks, and any other tools that are left remaining in Dodge County's Right-of-Way. The Check will be returned after 5 days from the date of permit application if all of the above requirements are met.

5. THAT, the Applicant shall submit an Insurance Certificate with this application, verifying General Liability of \$1,000,000.00; Personal Injury of \$500,000.00; Medical Expense (Any one person) of \$5,000.00; Each Occurrence of \$500,000.00.

Rob Skillett
Signature of Applicant

P.O. Box 196
Applicant's Address

Rush Center KS 67875

4-12-19
Date Filed with Dodge County Board of Supervisors

2019 APR 15 PM 1:22
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Dodge Co Highway Dept

SKILLETT & SONS, INC

P.O. BOX 196
RUSH CENTER, KS 67575-0196
785-222-3611

FARMERS BANK AND TRUST

MEMBER FDIC
WWW.FARMERSBANKNA.COM

56491

83-708/1011

4/15/2019

PAY TO THE ORDER OF DODGE COUNTY HIGHWAY DEPARTMENT

\$**500.00

Five Hundred and 00/100*****

DOLLARS

DODGE COUNTY HIGHWAY DEPARTMENT
435 N. PARK AVE, STE 204
FREMONT, NE 68025



MEMO COUNTY PERMIT

Rob Skillett

⑈056491⑈ ⑆101107080⑆00065889⑈

SKILLETT & SONS, INC
DODGE COUNTY HIGHWAY DEPARTMENT

4/15/2019

56491
500.00

FARMERS BANK & T COUNTY PERMIT

500.00

SKILLETT & SONS, INC
DODGE COUNTY HIGHWAY DEPARTMENT

4/15/2019

56491
500.00

PAYMENT
RECORD

2019 APR 15 PM 12:46
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FARMERS BANK & T COUNTY PERMIT

500.00



SKIL&SO-01

CAJO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2018

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 New Century Insurance Group, Inc P.O Box 3867 Olathe, KS 66063		(913) 393-3447		CONTACT NAME: Maryel Martinez PHONE (A/C, No, Ext): 913-393-3447 E-MAIL ADDRESS: certs@ncig.net		FAX (A/C, No): 913-393-3647	
INSURER(S) AFFORDING COVERAGE				NAIC #			
INSURER A: Sentry Select Insurance Company		INSURER B: National Liability & Fire Insurance Company		INSURER C: Lloyds of London		INSURER D:	
INSURER E:		INSURER F:					
INSURED Skilleff & Sons, Inc PO BOX 196 Rush Center, KS 67575							

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	A0058110001	5/1/2018	5/1/2019	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	A0058110001	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	US01BH181389915C03	9/1/2018	9/1/2019	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Motor Truck Cargo	N	N	A0058110001	5/1/2018	5/1/2019	\$2,500 Deductible	\$100,000 Limit
C	Motor Truck Cargo Excess	N	N	B113610005C17-0172	5/1/2018	5/1/2019		\$900,000 Limit

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

2018 APR 15 PM 12:46
 RECEIVED Dept
 Dodge Co Hwyway

CERTIFICATE HOLDER

Master Certificate

CANCELLATION

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