## DODGE COUNTY MOVING PERMIT

This is to advise you, <u>Josh Kaup</u>	that your Permit Appli-
cation Number <u>264</u> has been approved to	move
Pre Fab Home 16' wide 68.5 long	41300 on Taples
Pre Fab Home 16' wide 68.5 long over the routes indicated on your attached map on	Oure 1.8 , 20,20.
Dodge County Highway Superintendent  By January Superintendent  Date 17, 2020	Agenda Item # <u>26 a</u> Date <u>7/1/30</u>

# DODGE COUNTY MOVING PERMIT APPLICATION For Buildings over 12 feet in Width

Number $204$
1. THAT, The Applicant, Sahan Kay) ,applies to move a Pre fab Home /6/wide 68:5/eng 4/300 on 7 Akks over the Public Right-of-Way in Dodge County, Nebraska on 6/17/.  20_30 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 <b>Insurance Certificate</b> 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.
. <del></del>
720 - 879 - 8695 Signature of Applicant
Applicant's Address kaupjoshegmail, com
Scribner NE 28057



Progressive P.O. Box 94739 Cleveland, OH 4410 I PROGRESSIVE COMMERCIAL

1-800-895-2886

Policy number: 01875301-0

Underwritten by.
Progressive Northern Insurance Co
April 29, 2020
Page 1 of 2

## **Certificate of Insurance**

#### Certificate Holder

Additional Insured CENTRAL VALLEY AG COOPERATIVE 1075 BROAD RIPPLE AVE STE 313 INDIANAPOLIS, IN 46220

Insured	Agent/Surplus Lines Broker
JOSHUA J KAUP	PROG COMMERCIAL
JHK AG	PO BOX 94739
964 COUNTY RD 10	CLEVELAND, OH 44101
SCRIBNER, NE 68057	

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Feb 28, 2020	Policy Expiration Date: Feb 28, 2021
Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$300,000 Combined Single Limit
Uninsured Motorist Bodily Injury	\$25,000/\$50,000
UnderInsured Motorist Bodily Injury	\$25,000/\$50,000
General Liability	\$1,000,000/\$1,000,000 Aggregate
EACH OCCURRENCE	\$1,000,000
GENERAL AGGREGATE	\$1,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$1,000,000
Personal & Advertising Injury	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
Motor Trucking Cargo	\$25,000 w/\$1,000 Ded

### Description of Location/Vehicles/Special Items

Scheduled autos only

 2000 PTRB 379 1XP5DB9X3YD538510

 Medical Payments
 \$5,000

 Comprehensive
 \$2,500 Ded

 Collision
 \$2,500 Ded



Policy number: 01875301-0

Page 2 of 2

#### Certificate number

12020A13301

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

1-17×

Form 5241 (10/02)

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