

**DODGE COUNTY MOVING PERMIT APPLICATION**

For Buildings over 12 feet in Width

Number 353

1. THAT, The Applicant, Ellingson Drainage, applies to move a plow, excavator, dozer over the Public Right-of-Way in Dodge County, Nebraska on Jan 16<sup>th</sup> & Jan 23<sup>rd</sup> 20 23 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.

Monica Buggen  
Signature of Applicant

500 Ellingson Road - Harwood, ND 58042  
Applicant's Address

701-212-2178 cell

Jan. 25, 2023  
Date Filed with Dodge County Board of Supervisors

2023 JAN 17 PM 12:49  
RECEIVED  
Dodge County Dept

**DODGE COUNTY MOVING PERMIT**

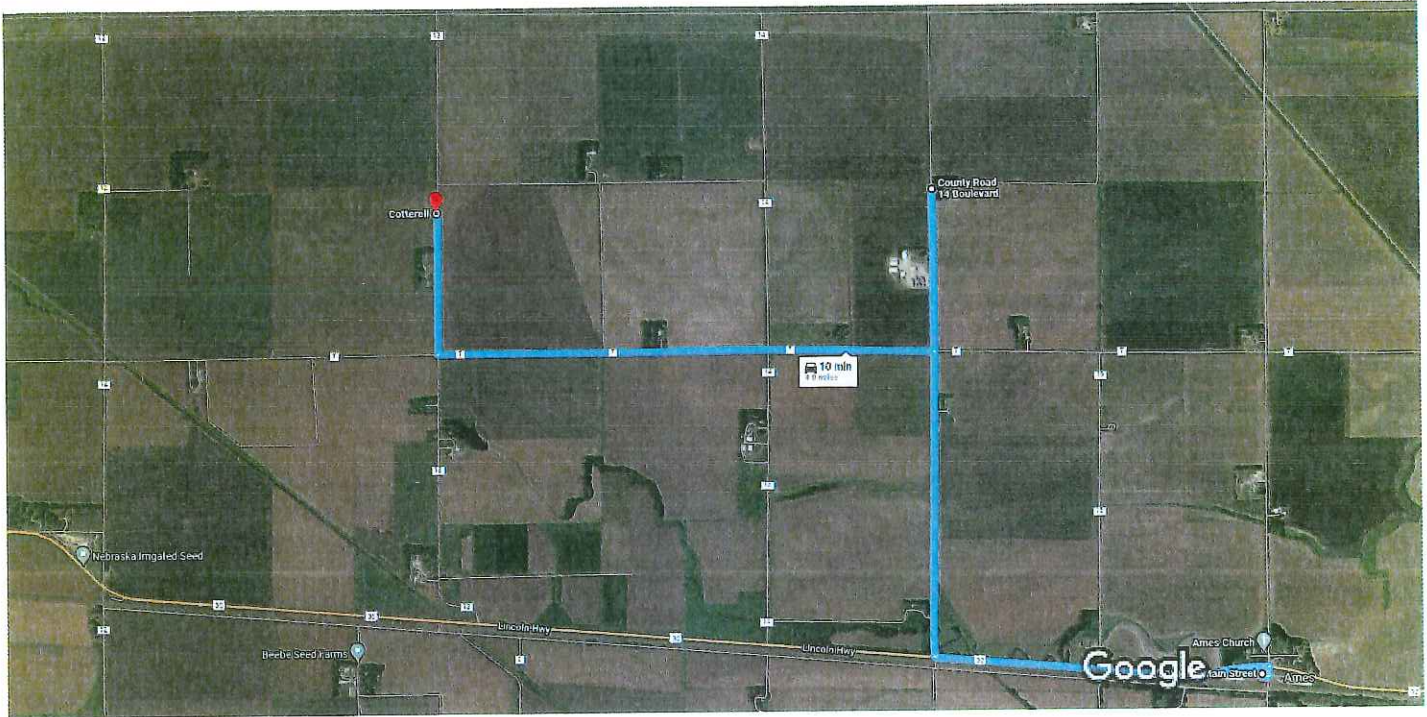
This is to advise you, Ellingson Drainage that your Permit Application Number 353 has been approved to move plow, excavator, dozer over county roads 14 Blvd and back over the routes indicated on your attached map on Jan 16 - Jan 23, 20 2023

Asst Deven Andrews  
Dodge County Highway Superintendent

By \_\_\_\_\_

01-17-2023  
Date





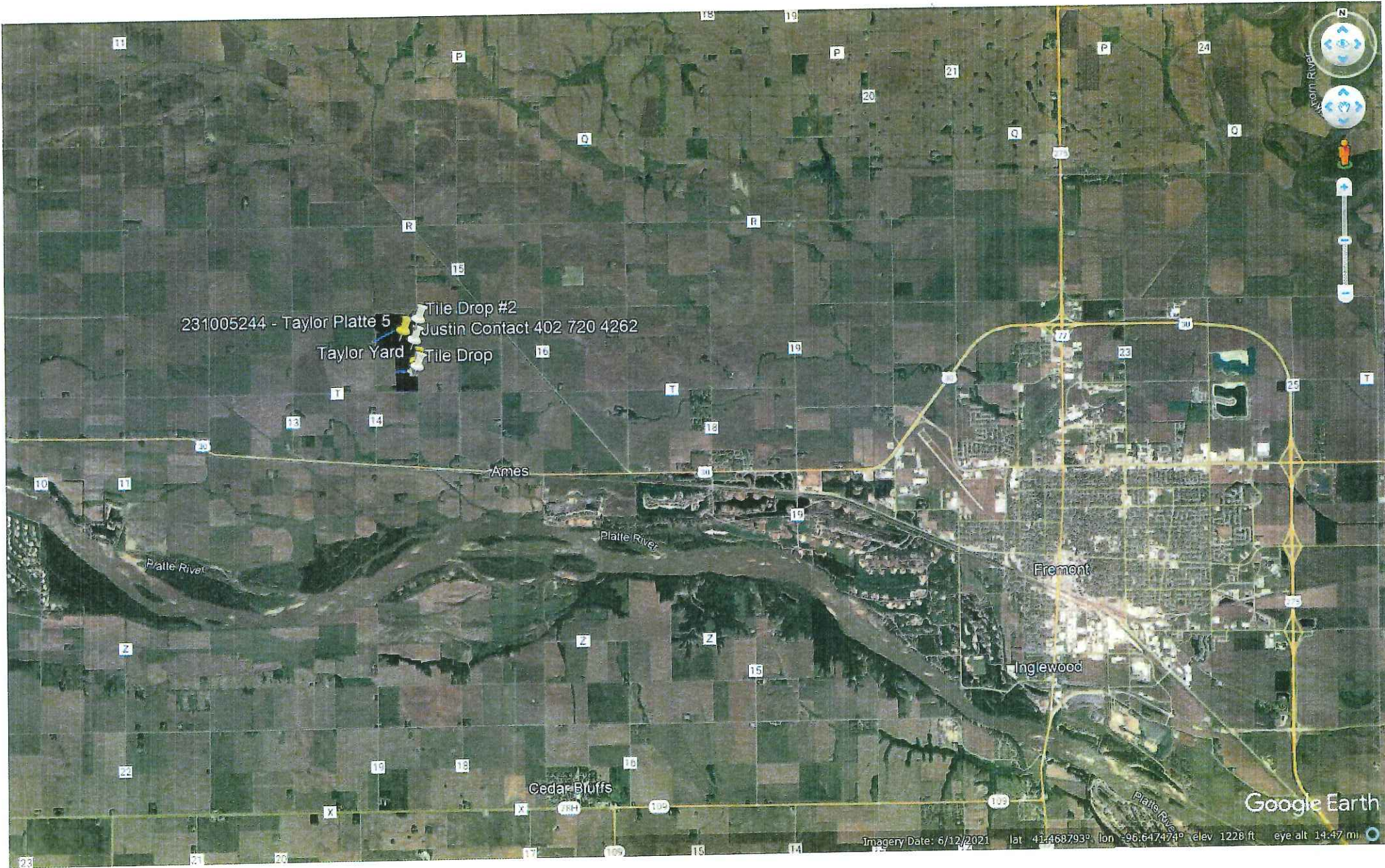
Imagery ©2023 CNES / Airbus, Landsat / Copernicus, Maxar Technologies, U.S. Geological Survey, USDA/FPAC/GEO, Map data ©2023 1000 ft



via US-30 W and County Rd 14 Blvd  
10 min  
4.8 miles  
10 min without traffic

### Explore Cotterell

Restaurants   Hotels   Gas stations   Parking Lots   More



231005244 - Taylor Platte 5  
Tile Drop #2  
Justin Contact 402 720 4262  
Taylor Yard Tile Drop

Ames

Platte River

Fremont

Ingewood

Cedar Bluffs

Google Earth

Imagery Date: 6/12/2021 lat 41.468793° lon -96.647474° elev 1228 ft eye alt 14.47 mi



Justin Contact 402 720 4262  
231005245 - Taylor CotterellS 1NE

Taylor Yard

Ames

Platte River

Fremont

Inglewood

Google Earth

Imagery Date: 6/12/2021 lat: 41.474332° lon: -96.674799° elev: 1237 ft eye alt: 12.28 mi



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/13/2023

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).

<b>PRODUCER</b> CSDZ, LLC 225 South Sixth Street, Suite 1900 Minneapolis MN 55402	<b>CONTACT NAME:</b> Wendy Kurtz <b>PHONE (A/C, No, Ext):</b> 612-322-6014 <b>E-MAIL ADDRESS:</b> wkurtz@cspd.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Ellingson Drainage Inc 56113 State Highway 56 West Concord, MN 55985	<b>INSURER A:</b> Zurich American Insurance Company	<b>NAIC #</b> 16535
	<b>INSURER B:</b> American Guarantee & Liability Ins. Co.	26247
	<b>INSURER C:</b> Ohio Casualty Insurance	24074
	<b>INSURER D:</b> Nautilus Insurance Company	17370
	<b>INSURER E:</b> Certain Underwriters of Lloyds, London	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 872910287

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 <input checked="" type="checkbox"/> Contr Liab Per <input checked="" type="checkbox"/> Policy Form/XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			300097403	4/1/2022	4/1/2023	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGE	\$ 4,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp: \$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll: \$1,000			300097603	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Hired Car Phys Damage	\$ ACV of Vehicle
B C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$			AUC302078603 EOC2359515968	4/1/2022 4/1/2022	4/1/2023 4/1/2023	EACH OCCURRENCE	\$ 14,000,000*
							AGGREGATE	\$ 14,000,000*
								\$ *Total Limit
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A			3000975203	4/1/2022	4/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
A D E	<input type="checkbox"/> Stop Gap Liability <input type="checkbox"/> Contractors Professional Liab <input type="checkbox"/> Including Pollution Liab			3000975203 CPP201775316 B0621ELL1002621	4/1/2022 4/1/2022 4/1/2022	4/1/2023 4/1/2023 4/1/2023	ND, OH, WA, WY Each Claim \$10,000,000* Deductible: \$50,000	AnnAgg \$10,000,000* Claims Made

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

2023 JAN 17 PM 4:19  
 POLICY STATUS  
 872910287

**CERTIFICATE HOLDER****CANCELLATION**

Dodge Co Hwy Department  
 435 N. Park  
 Rm. 204  
 Fremont NE 68025

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