

DODGE COUNTY MOVING PERMIT

Agenda Item # 205

Date 7/3/19


This is to advise you, Woodcraft Homes Inc that your Permit Application Number 250 has been approved to move a wood-frame structure #5775-M

over the routes indicated on your attached map on wk of July 22, 2019.

Scott Nuppert
Dodge County Highway Superintendent

By Sean Andrews

6-20-19
Date

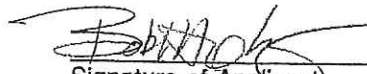
 **COPY**

DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number: 250

1. THAT, The Applicant, Wardcraft Homes Inc, applies to move a Wood Frame Structure # 5775-17 over the Public Right-of-Way in Dodge County, Nebraska on week of July 22, 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.


Signature of Applicant bholz@wardcraft.com

P.O. Box 55 (785-632-5664 x116)
Applicant's Address

Clay Center KS 67432

7-3-19
Date Filed with Dodge County Board of Supervisors

2019 JUN 17 PM 4:58
RECEIVED
Dodge Co Highway Dept



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/27/2018

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).

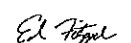
PRODUCER MARCHETTI, ROBERTSON & BRICKELL 1082 Highland Colony Parkway P. O. Box 3348 Ridgeland MS 39158-3348	CONTRACT NAME: Tina Meyers PHONE (A/C, No., Ext): (601) 605-3150 FAX (A/C, No.): (601) 605-4082 EMAIL ADDRESS: tmeyers@mrbins.com
INSURED Wardcraft Homes, Inc. P. O. Box 55 Clay Center KS 67432-0055	INSURER(S) AFFORDING COVERAGE INSURER A: Associated Industries Insurance Company, Inc. INSURER B: Everest National Insurance Co. INSURER C: Navigators Insurance Co. INSURER D: Axis Surplus Insurance Co. INSURER E: INSURER F:

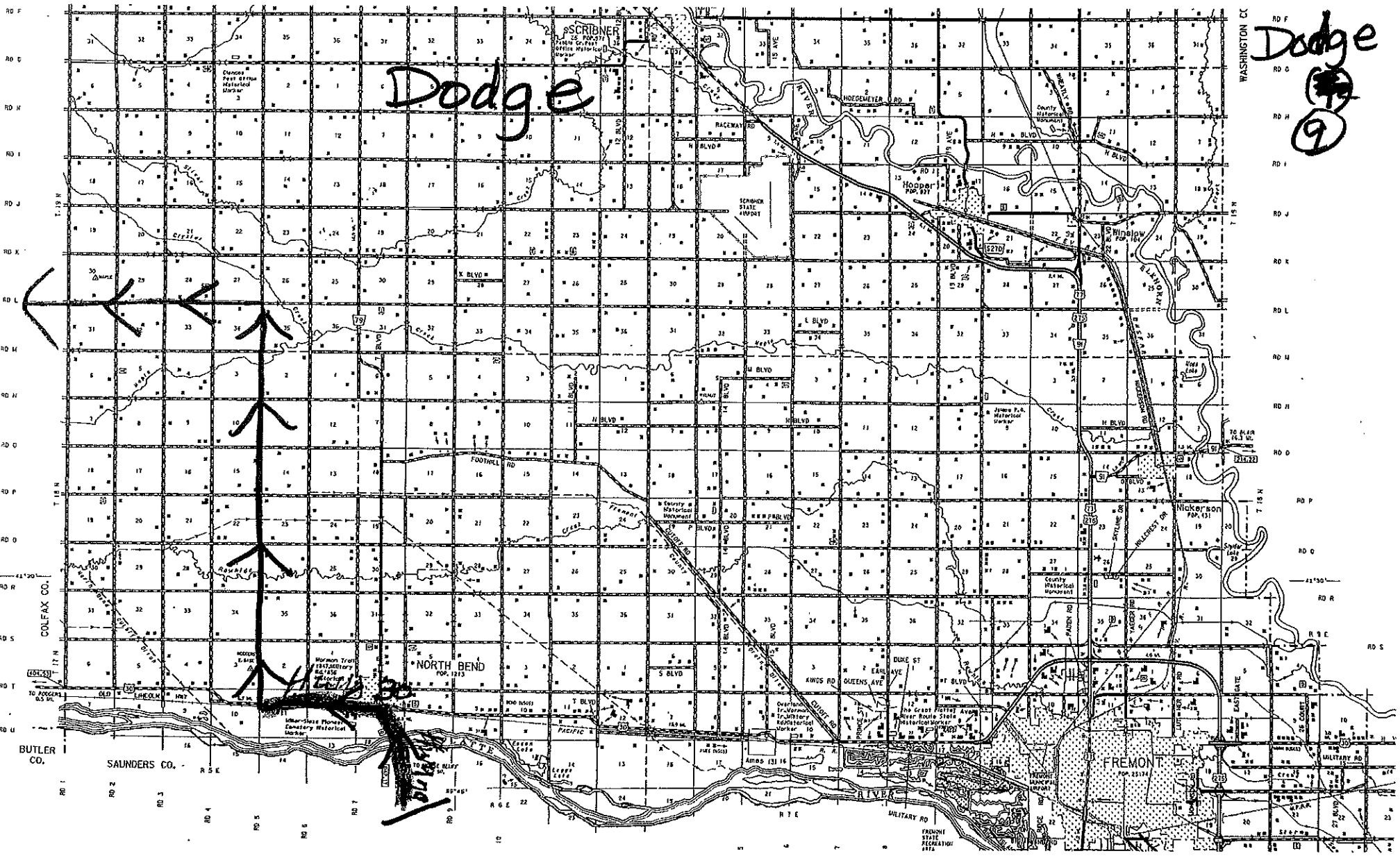
COVERAGES CERTIFICATE NUMBER: 18/19 Master REVISION NUMBER:

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.

DISR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		AES1029556	11/24/2018	11/24/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CF8CA00018-181	11/24/2018	11/24/2019	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		HO18EXC884110IV	11/24/2018	11/24/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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 N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Contractors Equipment		EAF62714618	11/24/2018	11/24/2019	Leased/Rented \$200,000 Deductible \$10,000

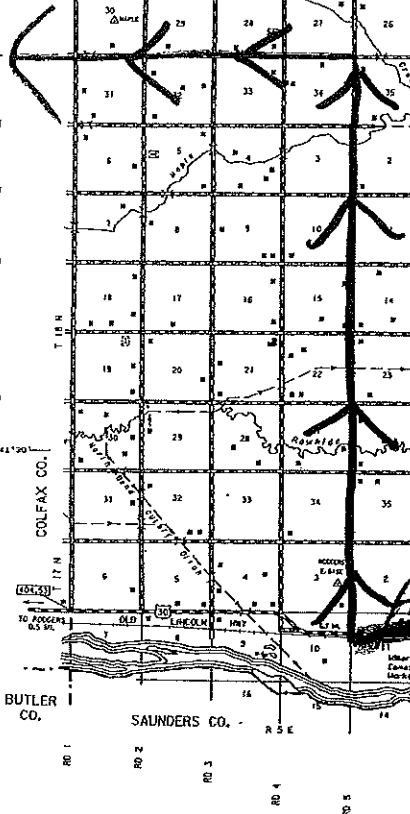
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER 	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 
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BUTLER CO.
SAUNDERS CO.

WASHINGTON CT

FREMONT

NORTH BEND

SCRIBNER

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