

DODGE COUNTY MOVING PERMIT

This is to advise you, Ellingron Company that your Permit Application Number 247 has been approved to move _____

Drainage Tile Plow

over the routes indicated on your attached map on January 27

Agenda Item # 20
Date 2-12-2020
26.b =

Scott Huppert
Dodge County Highway Superintendent

COPY

By Jean Andrews

January 27, 2020
Date

Please tell us when you have completed your move and when you plan on leaving Dodge County.
402-727-2722

Thank you
Jean

DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number 247

1. THAT, The Applicant, Ellingson Companies, applies to move a Drainage Tile Plow over the Public Right-of-Way in Dodge County, Nebraska on Monday, Jan 27, 2020 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.

Glenna Ingeman
Signature of Applicant

500 Ellingson Road
Applicant's Address

Harwood, ND 58042

2020 JAN 21 PM 2:46
RECEIVED
Dodge Co Highway Dept

Date Filed with Dodge County Board of Supervisors

Route:

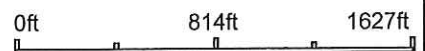
Starting three miles west of **AMES**, NE on **US30**. Heading North on **CO HWY 14** to the intersection of **CO Rd T** approx. two miles.

Aerial Map

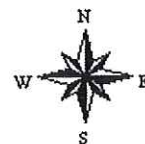


Ellingson
COMPANIES

Map Center: 41.473655, -96.645553



5-17N-7E
Dodge County
Nebraska



12/27/2019

Maps Provided By:
surety
CUSTOMIZED ONLINE MAPPING
© AgriData, Inc. 2019 www.AgriDataInc.com

Field borders provided by Farm Service Agency as of 5/21/2008.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2019

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 Cobb Strecker Dunphy & Zimmermann 225 South Sixth Street Suite 1900 Minneapolis MN 55402	CONTACT NAME: Andrea Chappell PHONE (A/C, No, Ext): 612-349-2492 E-MAIL ADDRESS: achappell@csdz.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Ellingson Drainage Inc Dba Ellingson Companies Ellingson Trenchless LLC 56113 State Highway 56 West Concord MN 55985	INSURER A: Nautilus Insurance Company	NAIC # 17370
	INSURER B: Zurich American Insurance Company	16535
	INSURER C: American Guarantee & Liab Ins Co	26247
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 643577746 **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	
B	<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:			GLO300097400	4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp: \$1,000 <input checked="" type="checkbox"/> Coll: \$1,000			BAP300097600	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Hired Car Phys Damage	\$ ACV of Vehicle
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AUC302078600	4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B 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			WC300097500 Stop Gap: ND OH WA WY	4/1/2019 4/1/2019	4/1/2020 4/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	Contractors Professional Liab Including Pollution Liab	N	N	CCP201775313	4/1/2019	4/1/2020	Each Claim \$5,000,000 Deductible: \$50,000	Ann Agg \$5,000,000 Claims Made

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

CERTIFICATE HOLDER SAMPLE COMPANY SAMPLE ADDRESS SAMPLE CITY/STATE/ZIP 00000-0000	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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