DODGE COUNTY MOVING PERMIT

	Agenda Iter	n#260
•	Date	10/19/22
This is to advise you, <u>Scrub's House Merring</u> cation Number <u>343</u> has been approved to move	_ that your Perr	nit Appli-
over the routes indicated on your attached map on Oct	12	, 20 <u>72</u> .
Dodge County Highway Superintendent	COPY	
By	704	
Oct. 7, 2022 Date		

DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number <u>343</u>

1. THAT, The Applicant, Scrib'S House Mountapplies to move aover the Public Right-of-Way in Dodge County, Nebraska onover 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 <u>General Liability of \$1,000,000.00</u> ; <u>Personal Injury of \$500,000.00</u> ; <u>Medical Expense (Any one person) of \$5,000.00</u> ; <u>Each Occurrence of \$500,000.00</u> .
Signature of Applicant
P.O. BOX 2
Applicant's Address David City NE 68632
Oct. 19, 2032
Date Filed with Dodge County Board of Supervisors

DODGE COUNTY MOVING PERMIT

	This is to advise you, Scrieb's House Moving that your Permit Appli-
	This is to advise you, Svels & House Moving that your Permit Application Number 344 has been approved to move freeze
	towards N. Bend
	over the routes indicated on your attached map on Oct 11 - Oct 14 20 22
<i>Y</i>	
	Ву
	Date Oct. 11, 2022

RECEIVED

RECEIVED

Owder Collyway Bapt

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

Number344
a e
1. THAT, The Applicant, Scrib's House Modificant applies to move a
Public Right-of-Way in Dodge County, Nebraska on Oct 12, 2023 20 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 <u>General Liability of \$1,000,000.00</u> ; <u>Personal Injury of \$500,000.00</u> ; <u>Medical Expense (Any one person) of \$5,000.00</u> ; <u>Each Occurrence of \$500,000.00</u> .
Signature of Applicant P.O. Boy 2 Applicant's Address
· ippinasina / iddi 000

Date Filed with Dodge County Board of Supervisors

MWADE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/7/2022

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).

ti	his certificate does not confer rights to	the	certi	ficate holder in lieu of su	ch end	lorsement(s)		require an endor	sement	. A SI	atement on	
PRODUCER Maguire Agency			CONTACT Housemover PHONE (A/C, No, Ext): (651) 638-9100 FAX (A/C, No). (651) 638-9762									
197	0 Oakcrest Ávenue, Suite 300				(A/C, No	o, Ext): (001) 0	38-9100	eagency.com	ŴĈ, No): (651) (638-9762	
Ros	seville, MN 55113				ADDRE						THE STREET	
			INSURER(S) AFFORDING COVERAGE					NAIC#				
MOUDED										42552		
Scrib's House Moving, Inc. P.O. Box 2				INSURER B:								
				INSURER C:								
David City, NE 68632				INSURER D: INSURER E:								
					INSURER F:							
CO	OVERAGES CERT	TIFIC	ATE	NUMBER:	REVISION NUMBER:							
					HAVE B	EEN ISSUED 1				HE POI	ICY PERIOD	
11	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 EXCLUSIONS AND CONDITIONS OF SUCH F								BJECT TO	O ALL	THE TERMS,	
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
A	X COMMERCIAL GENERAL LIABILITY	IIIOD			A 3-5	(mm/pp/1111)	(mm/pp/11/1/	EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			MSMML10000123		6/1/2022	6/1/2023	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,000	
								MED EXP (Any one per		\$	5,000	
								PERSONAL & ADV INJ		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/C		s	2,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT	\$	1,000,000	
	X ANY AUTO			MSMML10000123		6/1/2022	6/1/2023	BODILY INJURY (Per p	person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per a		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
										s		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE			MSMXS10000023		6/1/2022	6/1/2023	AGGREGATE		\$ -	1,000,000	
	DED X RETENTION \$ 10,000					-,,,,,				\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT		\$			
		147.74						E.L. DISEASE - EA EM	PLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$		
A	Cargo			MSMML10000123		6/1/2022	6/1/2023	ACV (\$5,000 Dec	1.)		125,000	
										2		
									O 紀	022		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir		6	9		
									Offi			
	5								00	**********		
								i.	- Z			
									NEW YEAR	Im		
										7		
									翻	0.1		
CE	RTIFICATE HOLDER				CANO	ELLATION			18	-		
						ULD ANV OF 3	THE VECTOR OF	ESCOIDED BOLLOIS	e pe or	NCE! !	ED DECORE	
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
Dodge County Highway Dept 435 North Park, Rm 204			ACCORDANCE WITH THE POLICY PROVISIONS.									
Fremont, NE 68025												
					AUTHORIZED REPRESENTATIVE							
We							Wedum					