

DODGE COUNTY MOVING PERMIT

Agenda Item # 22a
Date 12/13/22

This is to advise you, Envor Movers Inc that your Permit Application Number 348 has been approved to move house

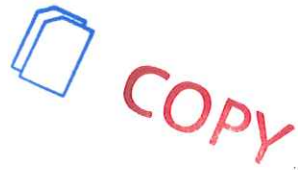
over the routes indicated on your attached map on Dec. 6th, 2022.

Aut.

Dean Andrews
Dodge County Highway Superintendent

By _____

Dec. 1, 2022
Date



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

Number 348

1. THAT, The Applicant, Ensar Movers, Inc, applies to move a Norfolk Community College house over the Public Right-of-Way in Dodge County, Nebraska on Dec 6th, 2022 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.

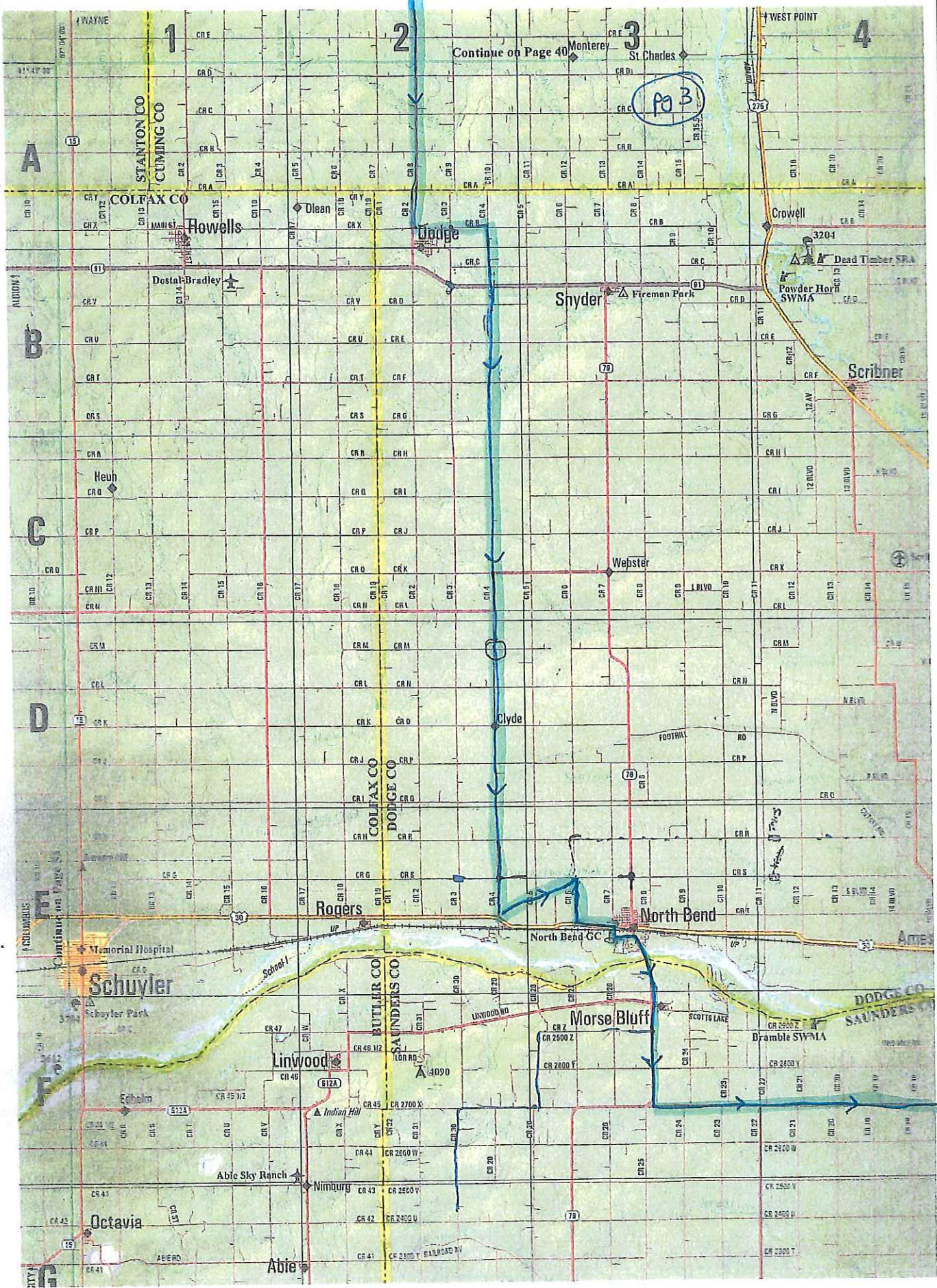
5. THAT, the Applicant shall submit an Insurance Certificate with this application, verifying General Liability of \$1,000,000.00; Personal Injury of \$500,000.00; Medical Expense (Any one person) of \$5,000.00; Each Occurrence of \$500,000.00.

By: W. B. [Signature] Ensar Movers Inc
Signature of Applicant

63149 734 Rd, Brock NE 68320
Applicant's Address

Dec. 13, 2022
Date Filed with Dodge County Board of Supervisors

2022 NOV 30 AM 9:51
Dodge County





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/18/2022

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).

PRODUCER Maguire Agency 1970 Oakcrest Avenue, Suite 300 Roseville, MN 55113	CONTACT NAME: Housemover
	PHONE (A/C, No, Ext): (651) 638-9100 FAX (A/C, No): (651) 638-9762 E-MAIL ADDRESS: msundeen@maguireagency.com
INSURED Ensor Movers, Inc. 63149 734 Rd Brock, NE 68320	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Nova Casualty Company 42552
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** **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 WVO	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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MSMML1000077	4/21/2022	4/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			MSMML1000077	4/21/2022	4/21/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NE) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo			MSMML1000077	4/21/2022	4/21/2023	ACV (\$5,000 Ded) 125,000

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

2022 NOV 30 AM 7:2

CERTIFICATE HOLDER Dodge County Highway Dept 435 North Park Fremont, NE 68025	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