

# DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number 334

Agenda Item # 306  
Date 7/27/22

1. THAT, The Applicant, Williams & Son, applies to move a Cabin 16x32 over the Public Right-of-Way in Dodge County, Nebraska on July 15, 20 22 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.

Fax 727-2723  
Zoning@dodgeco.ne.us  
Dodge Co Hwy Dept - Ch 500<sup>00</sup>

[Signature]  
Signature of Applicant

10160 N. Liberty ave Tamba  
Applicant's Address  
Ne 68955

July 27, 2022  
Date Filed with Dodge County Board of Supervisors

# DODGE COUNTY MOVING PERMIT

This is to advise you, Williams & Son Housemovers that your Permit Application Number 334 has been approved to move Cabin 16 x 32  
County Rd 29 to Dutch Hall Rd, then 1 1/2 miles Co Rd 28  
over the routes indicated on your attached map on 7-18 to 7-22, 2022.

Dean Andrews  
Dodge County Highway Superintendent

By \_\_\_\_\_

7-15-22  
Date

Asst.



WILL&SO-01

MHANSEN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/15/2022

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).

<b>PRODUCER</b> Ellerbrock-Norris Agency, Inc. P.O. Box 816 Hastings, NE 68902-0816	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (402) 463-2461	FAX (A/C, No): (402) 463-2469
	<b>E-MAIL ADDRESS:</b> mhansen@ellerbrock-norris.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> BITCO Insurance Companies		20095
<b>INSURED</b>  Williams & Son Housemovers Inc 2883 North Osage Avenue Juniata, NE 68955		
<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		

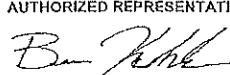
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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 I.T.R.	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CLP 3718777	7/14/2022	7/14/2023	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 - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY  <input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CAP 3718776	7/14/2022	7/14/2023	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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			CLP 3718777	7/14/2022	7/14/2023	Limit of insurance 150,000

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

RECEIVED  
 DODGE COUNTY ZONING DEPT  
 2022 JUL 15 PM 1:47

<b>CERTIFICATE HOLDER</b>  Dodge County Zoning Dept. 435 N Park Fremont, NE 68025	<b>CANCELLATION</b>  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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N



Cabin



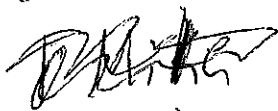
County  
Road  
28

County RA  
29

1 1/2 Miles

1/2 Mile

Dutch Hall RD



1 Mile



# Ellerbrock-Norris

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## I N S U R A N C E

### Fax

To:	Dodge County Zoning Dept.	From:	Mary L. Hansen, CIC, CISR
Fax:	(402) 727-2723	Pages:	2 (including this cover)
RE:	Cert of Insurance for Williams & Sons Housemovers	Date:	Friday, July 15, 2022

ATTN: Jean Andrews

Certificate of Insurance per your request

Mary L. Hansen, CIC, CISR

Email: [mhansen@ellerbrock-norris.com](mailto:mhansen@ellerbrock-norris.com)  
 Fax: (402) 463-2469  
 Phone: (402) 463-2461

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 RECEIVED  
 Dodge Co Hwyway Dept