Received Date

LANCASTER COUNTY 555 SOUTH 10<sup>TH</sup> STREET LINCOLN, NE 68508

L.C.E.D. Utility Permit No.

Utility Company Project or WO No.

**Application Date** 

Application to Construct Utilities On County property Only ONE type of Utility per permit.

Contract No.

County Rep.

Application is hereby mad	de to LANCASTER C	OUNTY by:			
Name:					
Company Name:			Phone:		
Address:		E-Mail:			
To construct or maintain a Please be as specific in you loo LOCATION OF WORK:	utility or utilities on C cation as you can. Cross	County right-of-way as follo streets, Addresses, Subdivision	ws: า Name with Lot & Block เ	numbers, Section-Township-Ranç	je.
UTILITY TO BE CONSTR TYPE		DESCRIPTION	ANNO	TATION	
Other PROPOSED UTILITY INS	STALLATION				
METHOD	SIZE/WIDTH	DESCRIPTION	DEPTH	DESCRIPTION	
Other					
NAME AND ADDRESS O	F CONTRACTOR(S	) PERFORMING THE WOI	RK (if Applicable):		

Ver. 6.3.6 05/18/2018 Page 1

#### UTILITY PERMIT REQUIREMENTS

- <u>NOTE</u> If Engineer plan sheet project notes conflict with Lancaster County's utility permit application requirements and the special utility permit requirements, the utility permit application requirements and special utility permit requirements shall govern. See Page 6 for additional requirements upon permit approval.
- 1. Unless agreed to in writing in advance by the owner, the depth of installed facilities shall be at a minimum as follows:
  - A. For utility installation parallel to the roadway, the minimum depth of burial will be 42" (48" in road ditches) measured from the ground surface to the top of the utility, except as noted in "C" below.
  - B. For utility installation transverse to the roadway the minimum depth of burial will be 48" measured from the ground surface to the top of the utility, except as noted in "C" below.
  - C. The minimum depth of burial beneath drainage structures, waterways, creek channels, or culverts within 5' of the utility route will be 72", measured from the flow line of the drainage structure, waterway, or creek channel (whichever is lower), to the top of the utility.
  - D. No utility will be buried directly above a drainage structure, <u>regardless of the burial depth</u>.
  - E. All crossings with existing utilities will be separated by a minimum of 24", both horizontally and vertically.
  - F. All paved road and paved driveway crossings will be dry-bored.
  - G. All areas disturbed by construction will be restored to their pre-construction condition. This includes: all open-cut crossings to be backfilled with material excavated from trench; no sand or crushed rock backfill will be allowed; and compaction of backfills to a density equal to or greater than the surrounding soil in and around trenches, bore pits, pull boxes, and other utility appurtenances. It also includes replacing roadway and driveway surfacing lost or damaged by construction, and re-seeding of all areas disturbed by the work.
  - H. Trees within the right-of-way will be preserved by the contractor when possible. All trees, bushes, brush, debris piles, resulting from clearing or grubbing operations will become the property of the contractor and will be removed from county property at the contractor's expense.
- 2. The contractor performing the work shall have onsite a copy of approved utility permit allowing permitted work to be done within County Road Right-of-Way.
- 3. The utility owner or his representative will mark all existing Lancaster County drainage structures along the proposed utility installation route 24 hours prior to construction at a culvert site. All structures will be marked in a manner so as to allow the Utility's Contractor to identify all "Bore" locations.
- 4. The contractor will notify Lancaster County Maintenance Superintendent Ron Bohaty at 402-441-7797, within 48 hours, prior to commencing construction on county right-of way.
- 5. Contractor performing the work to submit insurance certificate naming Lancaster County as additional insured prior to any activities in the right-of-way. Contractor shall also provide Lancaster County a 30 day notice of cancellation, non-renewal or any material reduction of insurance coverage.
- 6. The applicant, or his contractor, shall contact the local utility companies and request location of any buried utilities. Damage to any utilities, either on County right-of-way or adjacent to County right-of-way, shall be repaired at the expense of the applicant or his contractor.

- 7. Future road construction work could necessitate relocation of utilities. Those utility relocation costs shall be borne by the utility owner.
- 8. All trenches shall be backfilled the same day trench was excavated except for the portion where the work is to be continued the next day. The portion left open for work continuation shall be protected by barricades with flashing lights at night. No open trenches in the roadway will be allowed overnight. (Except when such road is closed for construction or except with prior conditional approval to be noted on page #6)
- 9. Roads may be closed for a maximum of 12 hours, with prior review and approval from this office. (See #11 for signage layout)
- 10. Road closures longer than 12 hours will require prior review and shall include an approved detour plan. (See #11 for signage layout)
- 11. Three Type III barricades w/Type A flashing lights shall be placed on each side of construction site. "Road Closed" {R 1 1-2) signs shall be mounted on the middle barricade on each side of the construction site. At the nearest intersection each way from crossing, a "Road Closed \_\_\_\_\_ Miles ahead -- Local Traffic Only" (R11-3) sign shall be placed.
- 12. All barricading, flagmen, warning signs, etc. shall conform to the current *Manual on Uniform Traffic Control Devices*.
- 13. No equipment shall be left unattended on public right-of-way. No trenches shall be left open after working hours. No equipment shall block traffic control devices. If necessary, flagmen shall be required.
- 14. All pipe and encasements to conform to State Highway Standards.
- 15. Notification of proposed utility work to adjacent landowners shall be the responsibility of the Utility Company and or their Agents.
- 16. \*\*\*Utility Company and or their Agents shall be responsible to notify the Lancaster County Engineering
  Department upon completion of permitted utility work.\*\*\*

#### TYPICAL CROSS SECTION OF ROAD CROSSING

(Proposed Drawing by Applicant)

I (We) agree to construct the	(utility)	in accordance with the permit requirements and
the provisions included as a part of this	s permit.	
COMPANY:		
DATE:		
SIGNED BY:	-i ADE	
Please email form ba	signatures ARE acc ack to COENG@LAI	epted. NCASTER.NE.GOV
FV	ECUTION DV I A	NCACTED COUNTY
		NCASTER COUNTY
The above application is hereby a	approved subject	to the requirements and provisions of the permit.
APPROVED and dated this	day of	by the Lancaster County
Board of Commissioners.		
	LANC	ASTER COUNTY BOARD OF COMMISSIONERS
		Chairperson
APPROVED as to form		
7.1. 1 1.1.6 v 2.5 do to lo		
thisday of		
Deputy County Attorney		

Lancaster County Engineering Representative

REVIEWED this\_\_\_\_day of\_\_\_\_\_\_,\_\_\_\_

I (We) agree to construct the	(utility)	in accordance with the permit requirements and
the provisions included as a part of this p	permit.	
COMPANY:		1/2
DATE:		
SIGNED BY:  Digital signer of the property of	gnatures ARE accepted. k to COENG@LANCASTE	R.NE.GOV
EXEC	CUTION BY LANCAST	ERCOUNTY
The above application is hereby app	proved subject to the re	aquirements and provisions of the permit.
	:0	
Date	. Onlie	
Signed By:  Lancaster County R	epresentative	
Lancaster County R		

(TO BE FILLED IN BY COUNTY PERSONNEL)	
Encasement Requirements:	
Barricade, Signing and Flagging Requirements:	
Methods of Installation:	
Minimum Cover Provided in Road Ditches:	
Other Requirements:	
Additional Comments:	

## INSURANCE CLAUSE FOR LANCASTER COUNTY ENGINEER UTILITY PERMITS

#### **Insurance**; Coverage Information

The contractor shall, prior to beginning work, provide proof of insurance coverage in a form satisfactory to the County, which shall not withhold approval unreasonably. The coverages and minimum levels required by this contract are set forth below and shall be in effect for all times that work is being done pursuant to this Contract. No work on the Project or pursuant to this Contract shall begin until all insurance obligations herein are met to the satisfaction of the County, which shall not unreasonably withhold approval. Self-insurance shall not be permitted unless consent is given by the County prior to execution of the Agreement and may require submission of financial information for analysis. Deductible levels shall be provided in writing from the Contractor's insurer and will be no more than \$25,000.00 per occurrence. Said insurance shall be written on an OCCURRENCE basis, and shall be PRIMARY, with any insurance coverage maintained by the County being secondary or excess.

#### **Certificates**

The Contractor shall provide certificates of insurance and endorsements evidencing compliance with these requirements. The Contractor shall provide a Certificate of Insurance demonstrating the coverage required herein and the necessary endorsements and waivers described herein and below before being permitted to begin the work or project. All certificates, endorsements and endorsement forms (where required) must be acceptable to the County Attorney. Certificates shall include an endorsement to provide for at least thirty (30) days' firm written notice in the event of cancellation. During the term of the Agreement and during the period of any required continuing coverages, the Contractor shall provide, prior to expiration of the policies, certificates and endorsement forms evidencing renewal insurance coverages. The parties agree that the failure of County to object to the form of a certificate and/or additional insured endorsement or endorsement forms provided shall not constitute a waiver of this requirement.

## 1. <u>Commercial General Liability</u>

The Contractor shall provide proof of Commercial General Liability Insurance with a minimum limit of not less than \$1,000,000.00 each occurrence and \$2,000,000.00 aggregate. These minimum limits can be met by primary and umbrella liability policies. Coverage shall include: Premises-Operations, Products/ Completed Operations, Contractual, Broad Form Property Damage, and Personal Injury. Such coverage shall be endorsed for the general aggregate to be on a **PER PROJECT** basis, and the contractor shall provide an additional insured endorsement acceptable to the County. The required insurance must include coverage for all projects and operations of Contractor or similar language that meets the approval of the County, which approval shall not be unreasonably withheld.

## 1.1 Additional Insured (Requires an Endorsement Form)

An Additional Insured Endorsement Form showing the County as additional Insured.

## 1.2 **Automobile Liability**

The Contractor shall provide proof of Automobile Liability coverage, which shall include: Owned, Hired and Non-Owned. Bodily Injury and Property Damage Combined Single Limit shall be at least \$1,000,000 Per Accident.

## 1.3 Intentionally Omitted

#### 1.4. Workers' Compensation; Employers' Liability

The Contractor shall provide proof of workers' compensation insurance of not less than minimum statutory requirements under the laws of the State of Nebraska and any other applicable State. Employers' Liability coverage with limits of not less than \$500,000.00 each accident or injury shall be included. The Contractor shall provide the County with an endorsement for waiver of subrogation. The contractor shall also be responsible for ensuring that all subcontractors have workers' compensation insurance for their employees before and during the time any work is done pursuant to this Contract.

## 1.5 <u>Intentionally Omitted</u>

## 1.5.1 <u>Intentionally Omitted</u>

## 1.6 <u>Intentionally Omitted</u>

#### 1.7 Intentionally Omitted

## **1.8** Railroad Contractual Liability Insurance (Required only if appropriate)

If work is to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or railroad crossing, the Contractor must provide an endorsement (ISO® form CG24170193 or newer) that removes or deletes any exception for such work in the Contractor's commercial general liability policy. Any endorsement not described herein shall be subject to the approval of the County Attorney.

## **1.8.1** Railroad Protective Liability (Required only if appropriate)

If work is to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or crossing or otherwise required by the Special Provisions or applicable requirements of an affected railroad, the Contractor shall provide Railroad Protective Liability Insurance naming the affected railroad/s as insured with minimum limits for bodily injury and property damage of \$2,000,000 per occurrence, \$6,000,000 aggregate, or such other limits as required in the Special Provisions or by the affected railroad. The original of the policy shall be furnished to the railroad and a certified copy of the same furnished to the County Purchasing Department prior to any related construction or entry upon railroad premises by the Contractor or for work related to the Contract.

## 1.9 <u>Intentionally Omitted</u>

#### 2. Risk of Loss

Except to the extent covered by the builder's risk insurance, the Contractor shall have the sole responsibility for the proper storage and protection of, and assumes all risk of loss of, any Subcontractor's Work and tools, materials, equipment, supplies, facilities, offices and other property at or off the Project site. The Contractor shall be solely responsible for ensuring each subcontractor shall take every reasonable precaution in the protection of all structures, streets, sidewalks, materials and work of other subcontractors. Contractor shall protect its Work from damage by the elements or by other trades working in the area.

#### 3. Umbrella or Excess Liability

The Contractor may use an Umbrella, Excess Liability, or similar coverage to supplement the primary insurance stated above in order to meet or exceed the minimum coverage levels required by this Contract.

## 4. Minimum Scope of Insurance

All Liability Insurance policies shall be written on an "Occurrence" basis only. All insurance coverage are to be placed with insurers authorized to do business in the State of Nebraska and must be placed with an insurer that has an A.M. Best's Rating of no less than A:VII unless specific approval has been granted otherwise.

## 5. <u>Indemnification</u>

To the fullest extent permitted by law the Contractor shall indemnify, defend, and hold harmless the County, its elected officials, officers, employees, agents, consultants, and employees of any of them from and against claims, damages, losses and expenses, including but not limited to attorney fees, arising out of or resulting from performance of the Work, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible or intangible property, including the Work itself, but only to the extent caused by the negligent, wrongful, or intentional acts or omissions of the Contractor, a subcontractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by the negligence of a party indemnified hereunder. In the event the claim, damage, loss or expense is caused in part by the negligence of a party indemnified hereunder, the indemnification by the Contractor shall be prorated based on the extent of the liability of the party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or reduce obligations of indemnity which would otherwise exist as to a party or person described in this Section. Nothing herein shall be construed to be a waiver of sovereign immunity by the County.

## 6. Reservation of Rights

The County reserves the right to require a higher limit of insurance or additional coverages when the County determines that a higher limit or additional coverage is required to protect the County or the interests of the public. Such changes in limits or coverages shall be eligible for a change order or amendment to the Contract.

#### 7. <u>Sovereign Immunity</u>

Nothing contained in this clause or other clauses of this Agreement/Contract shall be construed to waive the Sovereign Immunity of the County.

For questions regarding Insurance Requirements, please contact Risk Management.

#### **GENER6**

## $ACORD_{\scriptscriptstyle{\mathsf{IM}}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2018

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 any rights to the certificate holder in liqu of such and programment(s)

	7.0		4110	certificate noider in fieu o			• /				
PRODUCER						CONTACT Cheryl York					
	PRO Insurance				PHONE (A/C, No, Ext): 402-483-4500 FAX (A/C, No): 402-483-7977						
P.C	D. Box 6847				E-MAIL ADDRESS: cyork@insproins.com						
Lin	coln, NE 68506										
402	2 483-4500			·		<del></del>		FORDING COVERAGE	Ē .		NAIC #
	NSURED					RA: Employers M	•				21415
INSU	General Excavating Comp	anu			INSURE	RB: Westchester	Surplus Lines ins Co	·			10172
	6701 Cornhusker Hwy	rai i y			INSURE	RC:					
	-			·	INSURE	RD:				T	
	Lincoln, NE 68507				INSURE	RE:					
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CO	VERAGES CER	TIFIC	ATE	NUMBER:	IIIODILE			REVISION NUME	SED.		<u></u>
IN EX	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 INSR	SUBR WVD	POLICY NUMBER	- 1	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
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	STAND WIND 1				ľ			MED EXP (Any one po		\$10,00	
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	PRO-						-	GENERAL AGGREGA		\$2,000	<i></i>
	POLICY X JECT LOC			•				PRODUCTS - COMPA	OP AGG	\$2,000	0,000
_	OTHER:							COMPRIED ONGS		\$	. <u></u>
Α	AUTOMOBILE LIABILITY			1E44774	ļ	07/01/2018	07/01/2019	COMBINED SINGLE I (Ea accident)	LIMIT	\$1,000	,000
	X ANY AUTO		٠.					BODILY INJURY (Per	person)	\$	
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Α	X UMBRELLA LIAB X OCCUR			1J44774		07/01/2018	07/01/2019	EACH OCCURRENCE	= -	\$10,00	0.000
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Α	AND EMPLOYERS' LIABILITY	]	. Х	ZU01011	ľ	01/2018	07/01/2019		OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A					-	E.L. EACH ACCIDEN		\$500,0	
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EI	MPLOYEE	\$500,0	000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$500,C	000
В	Pollution Liab			G27082580006		07/01/2018	07/01/2019	\$1,000,000			
Lan	cription of operations / Locations / Vehic locaster County Nebraska is listed iver of subrogation in favor of La	as a	dditi	ional insured - CG2012	2 - 04/2	2013.					
CEE	RTIFICATE HOLDER	• • • • • • • • • • • • • • • • • • • •		<del></del>	CANO	ELLATION					

**Lancaster County Nebraska** 444 Cherrycreek Rd, Bldg C Lincoln, NE 68528

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

Omni D. Milled

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:							
Lancaster County Nebraska							
	•						
			·				
Information required to complete this Schedule, I	f not shown above, wi	III be shown in the De	claratione				

- A. Section II Who is An insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
  - This Insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

#### However:

- The insurance afforced to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- 2. This insurance does not apply to:
  - a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Policy Number: 2H07611

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone tiable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Any Or All Persons Or Organizations Subject To A Written Contract Requiring Such A Waiver Agreement

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Insured	Effective Policy No.	Endorsement No. Premium
Insurance Company	Countersigned by	

WC 00 03 13 (Ed. 4-84)



## CERTIFICATE OF LIABILITY INSURANCE

5/1/2019

DATE (MM/DD/YYYY) 7/30/2018

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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights t							require an endorsement. A s	tatement on
	DUCER LOCKTON COMPANIES	O tire	Cert	incate noider in ned of 3	CONTACT				
	3657 BRIARPARK DRIVE, SU	ITE	700		NAME:   PHONE   (A/C, No, Ext): (A/C, No):				
ŀ	HOUSTON TX 77042				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
	866-260-3538				ADDRE				11410#
								RDING COVERAGE	NAIC# 24147
INICI	IRED INFRASOURCE CONSTRUCT	'ION	LLC	Y				arance Company Asualty Insurance Co	20699
	2508 A QUANTA SERVICES COM			•				asualty Hisurance Co	20099
	6301 JAMES A REED ROAD					Rc:See atta	acned		
	KANSAS CITY MO 64133				INSURE				
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	OTHER:							\$	00,000
A	AUTOMOBILE LIABILITY	N	N	MWTB 313092		5/1/2018	5/1/2019	COMBINED SINGLE LIMIT \$ 1,0	00,000
	X ANY AUTO								XXXXX
	OWNED SCHEDULED								XXXXX
	X AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY X AUTOS ONLY								XXXXX
	AUTOS ONET			•					XXXXX
В	X UMBRELLA LIAB X OCCUR	N	N	XOO G27972032 003		5/1/2018	5/1/2019	EACH OCCURRENCE \$ 5,0	00,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$ 5,0	00,000
	DED RETENTION\$								XXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	MWC 313094 00		5/1/2018	5/1/2019	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$ 1,0	00,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7			İ			E.L. DISEASE - EA EMPLOYEE \$ 1,0	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,0	00,000
C	Property	N	N	See Attached		5/1/2018	5/1/2019	See Attached	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSU	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)	
Addit	ional Insured in favor of (on General Liability) wh	ere an	d to the	extent required by written contra	ect. The l	insurance afforde	d to the Addition	nal Insured as described in this	
requir	ficate of Insurance for work performed by the Nam red by contract. 30 days notice of cancellation is in	cluded	on the	policies. Waiver of Subrogation	any simii in favor c	ar coverage main of Lancaster Cou	ntained by the Ad nty on General L	iability and Workers' Compensation	
polici	es where and to the extent required by written con	ract w	here pe	ermissible by law.					
CEI	RTIFICATE HOLDER	***			CANC	ELLATION	See Attac	chments	
	14713313				SHO	UID ANY OF T	HE ABOVE D	ESCRIBED POLICIES BE CANCEL	LED BEFORE
	Lancaster County 444 Cherrycreek Rd.				THE	EXPIRATION	DATE THE	REOF, NOTICE WILL BE DE	
	Lincoln NE 68528				ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.	
					AUTHOR	DIZED DEDDECT	ATATIVE		
					AUTHUR	RIZED REPRESEN		->Kelly	
						•		- reen	

Miscellaneous Attachment: M486359 Master ID: 1382508, Certificate ID: 14713313

Builders Risk I Contractors Equipment I Real & Personal Property

Policy Term: May 1, 2018 to May 1, 2019

Insurers:

Security	Policy Number	<u>Line</u>	A.M. Best Rating
Swiss Re International SE	109254.5	30.00%	A+ XV
Munich Reinsurance Company	F01121742018	20.00%	A+ XV
Lloyds of London Syn No. 1880 TMK - Tokio Marine Kiln	JGA715Z18ZA	6.00%	A, XV
Lloyds of London Syn No.2007 - Novae	YE66618ADCV1	4.00%	A, XV
Liberty Surplus Insurance Corporation	5HABMH1X001US	15.00%	Α
General Security Indemnity Co of Arizona - Scor	FA0043752-2018-1.	12.50%	A+
Starr Surplus Lines Insurance Company	SLOCON113861000	12.50%	A++

#### SECTION I - BUILDERS RISK

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a.	USD	100,000,000	any one OCCURRENCE* for any INSURED PROJECT*; plus
b.		As declared	To and agreed by Insurers for an individual INSURED PROJECT* in respect of Delay In
			Completion, subject to a maximum of 30% of the amount of the estimated contract value for
			the relevant INSURED PROJECT* in the aggregate;
	USD	10,000,000	Physical loss or physical damage to Covered Property in Transit any one conveyance
	USD	10,000,000	Physical loss or physical damage to Covered Property in Temporary Offsite Locations
	USD	25.000.000	Expediting Expense

#### Annual Aggregate Limits of Liability

#### **EARTHQUAKE\***

USD	25,000,000	Within the entire state of California			
USD	50,000,000	Within all other EARTHQUAKE ZONE 1*			
FLOOD*					
US	50,000,000	Within FLOOD ZONE 1*			
USD	50,000,000	Within U.S. Territories & Possessions, and the Commonwealth of Puerto Rico			
NAMED WINDSTORM*					

# USD 50,000,000 Within WIND ZONE 1\* SECTION II – CONTRACTOR'S EQUIPMENT & PROPERTY FOR RIGGING

#### Limits/Sub-Limits

USD	50,000,000	any one OCCURRENCE* in respect of CONTRACTOR'S EQUIPMENT*
USD	5,000,000	any one OCCURRENCE* in respect of PROPERTY FOR RIGGING*

#### Annual Aggregate Limits of Liability

#### EARTHQUAKE\*

USD	10,000,000	Within the entire state of California
USD	25,000,000	Within all other EARTHQUAKE ZONE 1*
FLOOD*		
USD	25,000,000	Within FLOOD ZONE 1*
USD	50,000,000	Within U.S. Territories & Possessions, and the Commonwealth of Puerto RICO

## NAMED WINDSTORM\*

USD 25,000,000 Within WIND ZONE 1\*

#### SECTION III - Real & Personal Property

## Limits/Sub-Limits

USD	50,000,000	any one OCCURRENCE*
USD	5,000,000	Expediting Expense
USD	10,000,000	or 25% of the amount of insured physical loss of or physical damage to Covered Property
		whichever is less – Debris Removal
USD	2,500,000	per Premises* - Extra Expense

#### **Annual Aggregate Limits of Liability**

## EARTHQUAKE\* USD

	, ,	
USD	25,000,000	Within all other EARTHQUAKE ZONE 1*
FLOOD*		
USD	25,000,000	Within FLOOD ZONE 1*
USD	50,000,000	Within U.S. Territories & Possessions, and the Commonwealth of Puerto RICO
NAMED WINI	DSTORM*	
USD	25,000,000	Within WIND ZONE 1*

10,000,000 Within the entire state of California

COMMERCIAL GENERAL LIABILITY CG 20 12 04 13

POLICY NUMBER: MWZY 313093

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

State Or Governmental Agency Or Subdivision Or Political Subdivision:	
Lancaster County	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. Section II Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
  - This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

#### However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- 2. This insurance does not apply to:
  - a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - **b.** "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:
  - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
  - 1. Required by the contract or agreement; or
  - 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**COMMERCIAL GENERAL LIABILITY** CG 24 04 05 09

POLICY NUMBER: MWZY 313093

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY **AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

ame Of Person Or Organization Incaster County	on:			
formation required to complete	this Schedule, if not sh	nown above, will be sh	own in the Declaration	ns.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person organization and included in "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

5/1/2018 - 5/1/2019

#### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

POLICY NUMBER: MWC 313094 00

#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**Lancaster County** 

5/1/2018 - 5/1/2019

