



FOR ADDISON USE ONLY

Permit Number: W-1047

Location: 15015 Beltwood Rkwy

APPLICATION

Right of Way Work Permit -FRANCHISE

(For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

PLEASE PRINT LEGIBLY

Date of Application: 1-25-17

Facility Owner Company: SPECTRUM Company Phone #: _____

Utility/CTP Representative: _____ Cell Phone #: _____

Utility/CTP Representative E-Mail: _____

General Contractor: Beyond Broadband Solutions Company Phone #: 214-501-4300

Site Supervisor Name: Jovanny Vazquez 24-hour phone #: 214-773-1054

Contractor E-Mail address: jvazquez@beyondbroadband.com Site Foreman E-Mail: _____

Work Site Address and Location: 15015 e Beltwood Pkwy

Purpose and general description of work: 280 ft bury trench 6" deep /grass

Proposed Start Work Date: 1-26-17 Estimated Completion Date: 1-30-17

Pavement Cut? Yes No Directional Bore/Boring? Yes No

Excavation? Yes No Lane Closure? Yes No Other: _____ ? Yes No

Applicant's Printed Name: JOVANNY VAZQUEZ Signature: [Signature] Position with Company: Supervisor

Applicant's Email: jvazquez@beyondbroadband.com Applicant's Phone Number: 214-773-1054

Direct Supervisor's Printed Name _____ Phone Number _____ Company Name _____

Supervisor's E-Mail: _____

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Received By: Nicole Simpson Entered? Yes No Received Date: 1-25-17

Approved By: Dave Wilde Inspector: JF Issue Date: 1/25/17

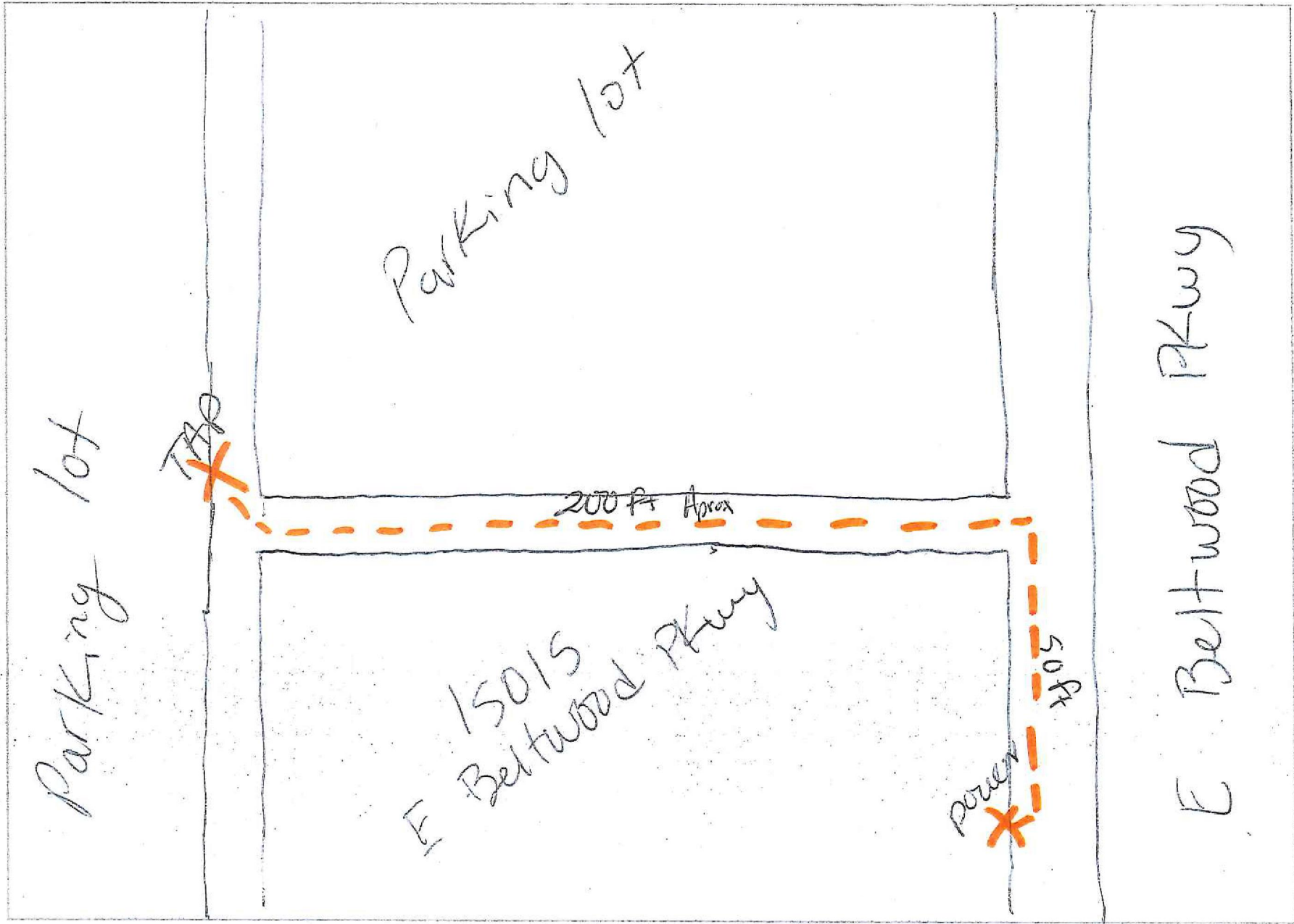
Plans Submitted? Yes No N/A Traffic Control Plan Submitted? Yes No N/A Expiration Date: 2/9/17

Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A

Fee Paid: NA Receipt#: CTP Date: _____ Processed By: _____

Picked Up By: Jovanny Vazquez Company: BBS Date & Time: 1/27/17 / 2:41

TOWN OF ADDISON INFRASTRUCTURE AND DEVELOPMENT SERVICES
 DEPARTMENT ATTN.: RIGHT OF WAY PERMIT - DAVE WILDE 972-450-2847
 16801 WESTGROVE RD. ADDISON, TX 75001-9010
 PHONE: 972-450-2871 FAX: 972-450-2837



STREET NAME: 15015 E Beltwood Pkwy CITY: Addison - ZIP: 75001



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2016

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 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 MARILYN KUHLMAN AGENCY P.O. BOX 680 7601 MAIN STREET #100 FRISCO, TX 75034	CONTACT NAME: MARILYN PHONE (A/C, No, Ext): 972-335-2487 E-MAIL ADDRESS: MARILYN@MARILYNUHLMAN.COM	FAX (A/C, No): 972-335-2489
	INSURER(S) AFFORDING COVERAGE	
INSURED BEYOND BROADBAND SOLUTIONS INC 1910 WALL STREET, STE 800 GARLAND, TEXAS 75041	INSURER A :	
	INSURER B : TEXAS MUTUAL INSURANCE COMPANY	
	INSURER C : FIRST MERCURY INSURANCE COMPANY	
	INSURER D : MERCHANTS NATIONAL INS. CO.	
	INSURER E : FARMERS INSURANCE GROUP	
INSURER F :		NAIC #

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY	X	X	TXCGL000001895205	10/12/2016	10/12/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
E	AUTOMOBILE LIABILITY	X	X	606250319	1/08/2016	1/08/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			CUPN00005316	10/12/2016	10/12/2017	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	TSF0001254767	7/01/2016	7/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
			N/A				E.L. EACH ACCIDENT \$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 TIME WARNER CABLE INC., ITS SUBSIDIARIES, AFFILIATED COMPANIES, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSURED ATIMA. COVERAGE IS PRIMARY AND NON CONTRIBUTORY FOR CLAIMS OR LOSSES RESULTING FROM THE NEGLIGENCE OF THE INSURED. WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE TIME WARNER CABLE INC.

CERTIFICATE HOLDER TIME WARNER CABLE, INC., ITS SUBSIDIARIES AND AFFILIATED COMPANIES 550 N CONTINENTAL BLVD SUITE 250 EL SEGUNDO, CA 902450 ATTN: CONTRACT ADMINISTRATION	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 MARILYN KUHLMAN
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