



FOR ADDISON USE ONLY
 Permit Number: W-1052
 Location: 16301 Ledgeмонт

APPLICATION

Right of Way Work Permit -FRANCHISE

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

PLEASE PRINT LEGIBLY

Date of Application: 1-27-17
 Facility Owner Company: Spectrum Company Phone #: _____
 Utility/CTP Representative: Johana Deluna Cell Phone #: 214-501-4300
 Utility/CTP Representative E-Mail: _____
 General Contractor: Beyond Broadband Solutions Company Phone #: 214-501-4300
 Site Supervisor Name: Jovany Vazquez 24-hour phone #: 214-773-1054
 Contractor E-Mail address: HR@Beyondbroadbands.com Site Foreman E-Mail: _____
 Work Site Address and Location: 16301 Ledgeмонт Ln Apt #202
 Purpose and general description of work: 45ft bury trench, 6", grass.
 Proposed Start Work Date: 1-28-17 Estimated Completion Date: 2-2-17
 Pavement Cut? Yes No Directional Bore/Boring? Yes No
 Excavation? Yes No Lane Closure? Yes No Other: _____ ? Yes No
 Applicant's Printed Name: Jovany Vazquez Signature: [Signature] Position with Company: Supervisor.
 Applicant's Email: JVazquez@beyondbroadbands.com Applicant's Phone Number: 214-773-1054
 Direct Supervisor's Printed Name: Edgar Monge Phone Number: 214-243-3162 Company Name: BBS
 Supervisor's E-Mail: _____

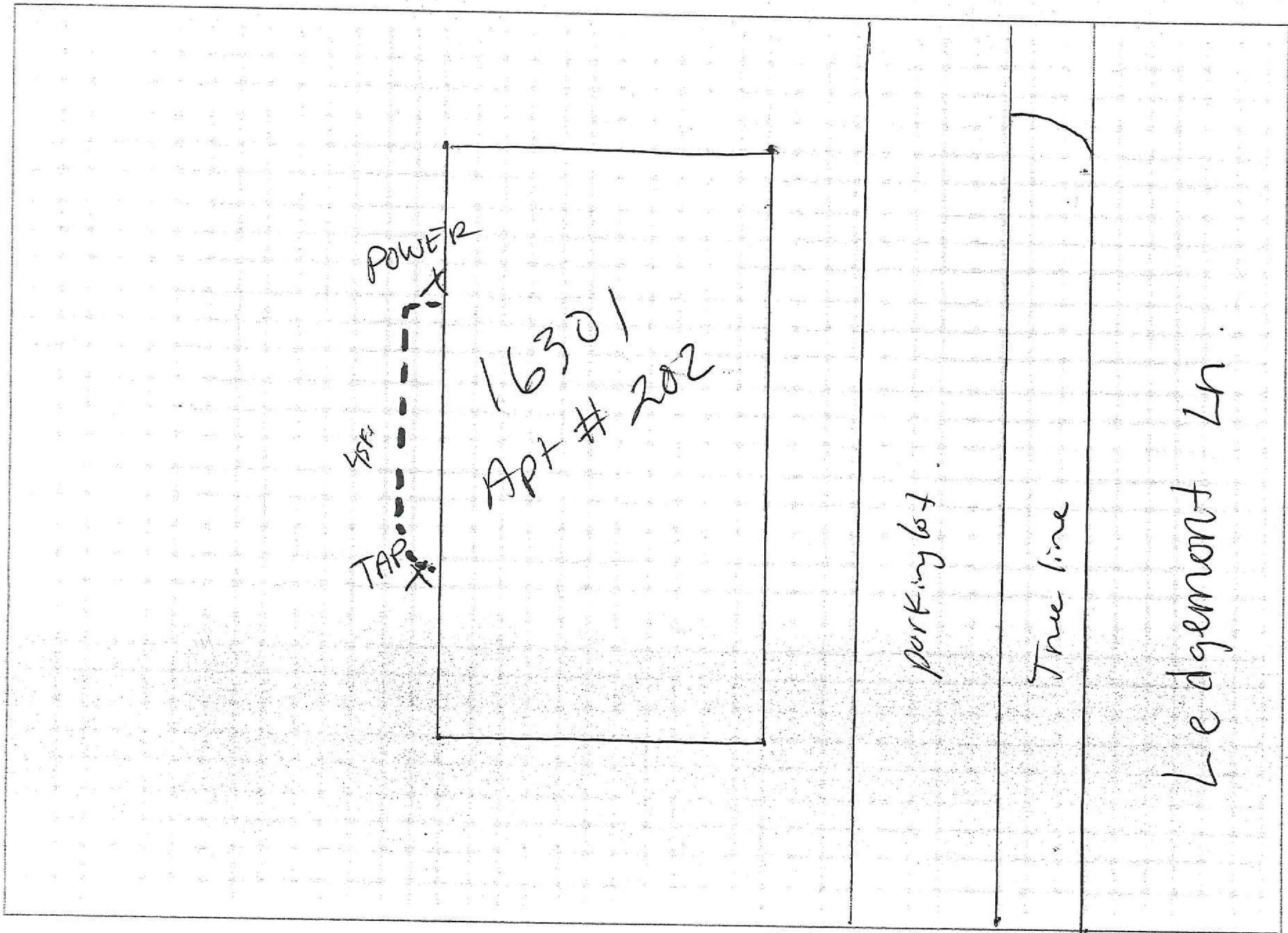
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Received By: Bldg Insp. Entered? Yes Received Date: 1/27/17 4:50pm
 Approved By: [Signature] Inspector: JE Issue Date: 1/31/17
 Plans Submitted? Yes No N/A Traffic Control Plan Submitted? Yes No N/A Expiration Date: 2/14/17
 Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A
 Fee Paid: NA Receipt#: CTP Date: 1-31-17 Processed By: MICHAEL S
 Picked Up By: JOVANY Company: BBS Date & Time: 1-31-17

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

12:00 PM

BEYOND BROADBAND SOLUTIONS INC.
OFFICE- 214-501-4300



STREET NAME: 16301 Ledgemon Ln 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@MARILYNKUHLMAN.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 :	

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 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						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						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						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$	
							\$	
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUPN00005316	10/12/2016	10/12/2017	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <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		X	TSF0001254767	7/01/2016	7/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 INSUREDS 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 90245 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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