

FOR ADDISON USE ONLY
Permit Number: W - 1088
Location: 15777 Quorum
Location.

APPLICATION

Right of Wav Work Permit -FRANCHISE
(For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

PLEASE PRINT LEGIBLY
Date of Application: <u>20 MAICH 2017</u>
Facility Owner Company: Quarum Drive Tx parmers Company Phone #:
Utility/CTP Representative: Cell Phone #:
Utility/CTP Representative E-Mail:
General Contractor: RAMCO Renovations Company Phone # 972.861.9790
Site Supervisor Name: Curr wilson 24-hour phone # 214. 770. 6217
Contractor E-Mail address: Curt @ Ranco Renova T/on S. Cop Site Foreman E-Mail: 5A m &
Work Site Address and Location: 15 777 Quarum Dr.
Purpose and general description of work: PAINTING mid-Rise building
Proposed Start Work Date: 3 Apr. \ 2017 Estimated Completion Date: 26 MAY 2017
Pavement Cut? ☐Yes ☑No Directional Bore/Boring? ☐Yes ☑No
Excavation? 🗆 Yes 🗚 Lane Closure? 🗫 🗀 No Other:? □ Yes □ No
Applicant's Printed Name Signature Deviction's MARAGER Position with Company
Applicant's Email: WANE @RAMID RENEVATIONS.LOWN Applicant's Phone Number: 214.733.2722
WADE BEATY 214.733.2722 RAMO RENOVATIONS
Direct Supervisor's Printed Name Phone Number Company Name
Supervisor's E-Mail: WADE @RAMIC ROADVATIONS. COM
Received By: MICOL Sun Entered? Eyes Received Date: 3:10-17
Approved By: Dund While Inspector: TF W Issue Date: 421/17
Plans Submitted?
Insurance Provided? Tyes INo IIOn File Performance/Maintenance Bond? IIYes INO IIOn File III/A
Fee Part Co. S Receipt#: 001420 -0002 Date: 15.11.17 Processed By: 11.17
Picked Up By: Date & Time: 10 1111
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



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Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: RAMCO Renovations	_General Contractor's Phone #: <u>972. & ს. 979</u> 0
Sub-Contractor #1 Company Name:	Address:
Print Sub-Contractor's Name:	_Sub-Contractor's Phone #:
Sub-Contractor's E-Mail:	· · · · · · · · · · · · · · · · · · ·
Print Site Supervisor's Name:	_Supervisor's Phone #:
Site Supervisor's E-Mail:	
nsurance Provided? □Yes □No □On File	
Sub-Contractor #2 Company Name:	Address:
Print Sub-Contractor's Name:	_Sub-Contractor's Phone #:
Sub-Contractor's E-Mail:	
Print Supervisor's Name:	_Supervisor's Phone #
ite Supervisor's E-Mail:	
nsurance Provided? □Yes □No □On File	
Sub-Contractor #3 Company Name:	Address:
Print Sub-Contractor's Name:	_Sub-Contractor's Phone #:
Sub-Contractor's E-Mail:	
Print Supervisor's Name:	_Supervisor's Phone #:
Site Supervisor's E-Mail:	
nsurance Provided? DVes DNo DOn File	

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/9/2016

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.

PRODUCER				CONT	ACT				
MHBT 8144 Walnut Hill Lane, 16th FI Dallas TX 75231					PHONE FAX (AIC, No. Ext): 972-770-1600 FAX (AIC, No.: 972-770 ADDRESS:				
Janes 17 / 525				ADDIG			RDING COVERAGE	N	
				INSURER A:Torus National Insurance Company					
INSURED RAMCOREN					INSURER B Texas Mutual Insurance Company				
Ramco Renovations					INSURER C Kinsale Insurance Company				
4805 Keller Springs Road Addison TX 75001									
					INSURER D: Hartford Accident & Indemnity Compa 22 INSURER E:				
				INSUR	ERF:				
COVERAGES CI	RTIF	CAT	E NUMBER: 161393920				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC VISIT	REQUI Y PER H POL	REME TAIN, ICIES	INT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF AN DED BY BEEN	Y CONTRACT THE POLICIE REDUCED BY POLICYEFF	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T I.	CT TO WHICH O ALL THE TI	
NSR TYPE OF INSURANCE GENERAL LIABILITY	INSF	WVD	POLICY NUMBER 0100039551		6/9/2016	1	LIME		
b-1			0.100039331		0/9/2016	6/9/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
CLAIMS-MADE X OCCUR								\$100,000	
CLAIMS-MADE A OCCUR							MED EXP (Any one person)	\$Excluded	
<u> </u>	-1						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,000	
GEN'LAGGREGATE LIMIT APPLIES PER;	-						PRODUCTS - COMP/OP AGG	\$2,000,000	
POLICY X PRO- LOC							PRODUCTS - COMPTOP AGG	\$2,000,000	
AUTOMOBILE LIABILITY	-		46UECKQ1011		6/9/2016	6/9/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ANY AUTO				100201141011			BODILY INJURY (Per person)	\$	
ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR			33100E160ALI		6/9/2016	6/9/2017	EACH OCCURRENCE	\$2,000,000	
X EXCESS LIAB CLAIMS-MAI	DΕ						AGGREGATE	\$2,000,000	
WORKERS COMPENSATION							THE STATE OF THE S	s	
AND EMPLOYERS' LIABILITY	N	1	SBP0001270915		8/9/2016	6/9/2017	X WC STATU- OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$1,000,000	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below	-	1					E.L. DISEASE - POLICY LIMIT	\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH Additional Insured form #CG2010 edi							al Liability nation		
Valver of subrogation form #CAS400 Primary & Non-Contributory General	2 editi	on 0	1/10 applies to the Gene	eral Lia	bility policy.	the Genera	аг стариту ройсу.		
	ion 03	/12 a n 03/	applies to the Automobile 12 applies to the Autom	e Liabi obile L	lity policy. iability polic	у.			
Vaiver of subrogation form #HA9916	editio								
Vaiver of subrogation form #HA9916 ee Attached	editio			CANO	ELLATION				
Vaiver of subrogation form #HA9916 See Attached				SHC	ULD ANY OF	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.	ANCELLED BE BE DELIVERE	
				SHC THE ACC	ULD ANY OF	N DATE THE	REOF, NOTICE WILL I	ANCELLED BE BE DELIVERE	

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