



FOR ADDISON USE ONLY
 Permit Number: W-1382
 Location: 3918 DOME

APPLICATION
Right of Way Work Permit-FRANCHISE

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

PLEASE PRINT LEGIBLY

Date of Application: 4/19/18
 Facility Owner Company: AT&T Company Phone #: _____
 Utility/CTP Representative: Michael Crawford Cell Phone #: 214-240-4257
 Utility/CTP Representative E-mail: MC2487@att.com
 General Contractor: The Wilkins Group Company Phone # 972-479-1090
 Site Supervisor Name: Rick McIntosh 24-hour Phone # 316-720-4945
 Contractor E-mail: RICKM@WILKINS.COM Site Foreman E-mail: _____
 Work Site Address and Location: 3918 DOME DR.
 Purpose and general description of work: dig splice pit to expose fiber for att repair
 Proposed Start Work Date: 4/19/18 Estimated Completion Date: 4/20/18

Pavement Cut? Yes No Directional Bore/Boring? Yes No Excavation? Yes No
 Lane Closure? Yes No Other: _____

Applicant's Printed Name: Andrea Bird Signature: [Signature] Position with Company: Project Manager
 Applicant's E-mail: andrea@wilkins.com Applicant's Phone #: 972-479-1090
 Direct Supervisor's Name: Trenia McKinzie-Cameron Phone Number: 972-479-1090 Company Name: The Wilkins Group
 Supervisor's E-mail: trenia@wilkins.com

FOR ADDISON USE ONLY
 Received By: [Signature] Entered? Yes Received Date: 4/19/18 2:14 PM
 Approved By: [Signature] Inspector: JEDW Issue Date: 4/19/18
 Plans Submitted? Yes No N/A Traffic Control Plan submitted? Yes No N/A Expiration Date: 5/3/18
 Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A
 Fee Paid: NA Receipt #: CTP Processed By: [Signature]
 Picked Up By: Michael W. Company: Wilkins Date & Time: 4-20-18 11:07 AM

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

Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: The Wilkins Group General Contractor's Phone #: 972-479-1090

Sub-Contractor #1 Company Name: same Address: 1710 Firman DR, Richardson

Print Sub-Contractor's Name: Rick McIntosh Sub-Contractor Phone #: 315-720-4945 75081

Sub-Contractor's E-mail: rckm@wilkins.com

Print Site Supervisor's Name: same Supervisor's Phone #: _____

Site Supervisor's E-mail: _____

Insurance Provided? Yes No On File

Sub-Contractor #2 Company Name: _____ Address: _____

Print Sub-Contractor's Name: _____ Sub-Contractor Phone #: _____

Sub-Contractor's E-mail: _____

Print Supervisor's Name: _____ Supervisor's Phone #: _____

Site Supervisor's E-mail: _____

Insurance Provided? Yes No On File

Sub-Contractor #3 Company Name: _____ Address: _____

Print Sub-Contractor's Name: _____ Sub-Contractor Phone #: _____

Sub-Contractor's E-mail: _____

Print Supervisor's Name: _____ Supervisor's Phone #: _____

Site Supervisor's E-mail: _____

Insurance Provided? Yes No On File

Ticket Start Dt: 04/12/18 16:48:03

Dig Priority Cd: Routine

Phone Nbr:
Request ID: 9541257
Customer Name: ROBIN MOSS

Circuit Nbr : A6/MCX/400836//SW
Request Type: DIG
CBR Phone: 2142366026

Street Addr: 3918 DOME DR, ADDISON, TX, 75001-3109
City/Township: ADDISON
Terminal Addr: F 3920
State: TX Zip: 75240

Request Dt: 04/13/18
Wire Center: 972239 ADDISON
Subdistrict: DLSNTH
County: ADDISON
Promised Dt: 04/18/18
Bid Area: CDL01 Center: NET Cust Type: A
Township:
Section: Lot: NA

Subdivision:
Crossroad: SHERLOCK DR
Job Types 1:NO DISPATCH 2:X 3:X
4:X 5:X 6:X
7: 8: 9:
10:

Remarks: 10: NEED SPLICE PIT TO EXSPOSE FIBER SPLICE FOR REPAIRS/. MARKED WITH ORANGE PAINT

Tech Id: mc2487 MICHAEL CRAWFORD 2142404257
Field Mng: rb8328 RONNIE BANNISTER 2148864413
Area Mng: cg8685 CARLA HUSEMAN 8176946172

***** Estimated Work Required Information *****

| Article | Article Description | Conditions | Temporary Wire? N Wire Center | Qty |
|---------|---------------------|------------|----------------------------------|-----|
| SP | SPLICE PIT EACH | SOD | 972239 | 1.0 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/19/2018

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 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
MHBT, a Marsh & McLennan Agency, LLC company
8144 Walnut Hill Lane, 16th Fl
Dallas TX 75231

CONTACT NAME: Skylar Romines
PHONE (A/C, No, Ext): 972-770-1631
E-MAIL: skylar_romines@mhbtl.com
ADDRESS: skylar_romines@mhbtl.com
FAX (A/C, No): 972-770-1699

INSURED
The Wilkins Group, Inc
1710 Firman Dr, Suite 200
Richardson TX 75081-6700

WILKICOMM

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|--------|
| INSURER A: Cincinnati Indemnity Company | 23280 |
| INSURER B: Argonaut Insurance Company | 19801 |
| INSURER C: Texas Mutual Insurance Company | 22945 |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

REVISION NUMBER:

COVERAGES

CERTIFICATE NUMBER: 858713737

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 INSD | SUBR WVD | 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | EPP0465642 | 12/2/2017 | 12/2/2018 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | 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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | EBA0465642 | 12/2/2017 | 12/2/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ \$0 | | | EPP0465642 | 12/2/2017 | 12/2/2018 | EACH OCCURRENCE | \$ 5,000,000 |
| | | | | | | | AGGREGATE | \$ 5,000,000 |
| | | | | | | | | \$ |
| B C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC928338633254 0002006725 | 12/2/2017 12/2/2017 | 12/2/2018 12/2/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| A | Equipment Floater ACV | | | EPP0465642 | 12/2/2017 | 12/2/2018 | Scheduled Leased/Rented Deductible | \$270,478 \$50,000 \$1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured form #GA233 edition 02/07 applies to the General Liability policy.
Waiver of subrogation form #GA233 edition 02/07 applies to the General Liability policy.
Primary & Non-Contributory General Liability form #GA233 edition 02/07.

Additional Insured form #AAA172 edition 11/05 applies to the Automobile Liability policy.
Waiver of subrogation form #AAA172 edition 09/09 applies to the Automobile Liability policy.

Waiver of subrogation form #WC420304B edition 06/14 applies to the Workers Compensation policy (Texas).
See Attached...

CERTIFICATE HOLDER

Town of Addison Infrastructure and Development Services
Department
Attn: Right of Way Permit
16801 Westgrove Rd.
Addison TX 75001

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

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AGENCY CUSTOMER ID: WILKICOMM

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| | | | |
|--|-----------|--|--|
| AGENCY MHBT, a Marsh & McLennan Agency, LLC company | | NAMED INSURED The Wilkins Group, Inc 1710 Firman Dr, Suite 200 Richardson TX 75081-6700 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Primary & Non-Contributory Umbrella Liability form #US4095 edition 11/16 .

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and Non-Contributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Automobile Liability policy contains language that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The Automobile liability policy includes waiver of subrogation wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Worker's Compensation policy includes a waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Umbrella Liability policy contains an endorsement with "Primary and Non-Contributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

**RIGHT OF WAY, EXCAVATION &
LANE CLOSURE PERMIT**



**INFRASTRUCTURE &
DEVELOPMENT SERVICES**

16801 WESTGROVE DRIVE
ADDISON, TEXAS 75001
972.450.2871

W-1382

PERMIT NUMBER

4/19/18

START DATE

4/20/18

EST. COMPLETION DATE

WILKINS GROUP

CONTRACTOR

AT&T

FOR

3918 DOME DR

LOCATION (ADDRESS)

ROW IN FRONT OF ADDRESS

LOCATION (ACTUAL)

SPLICE PIT FOR CABLE REPAIR

TYPE OF WORK

THIS CARD MUST BE DISPLAYED ON THE JOB SITE AT ALL TIMES.