

FOR ADDISON USE ONLY	ı
Permit Number: <u>W 1407</u> Location: <u>Quartrin</u> Dr. 5850 - 1578	

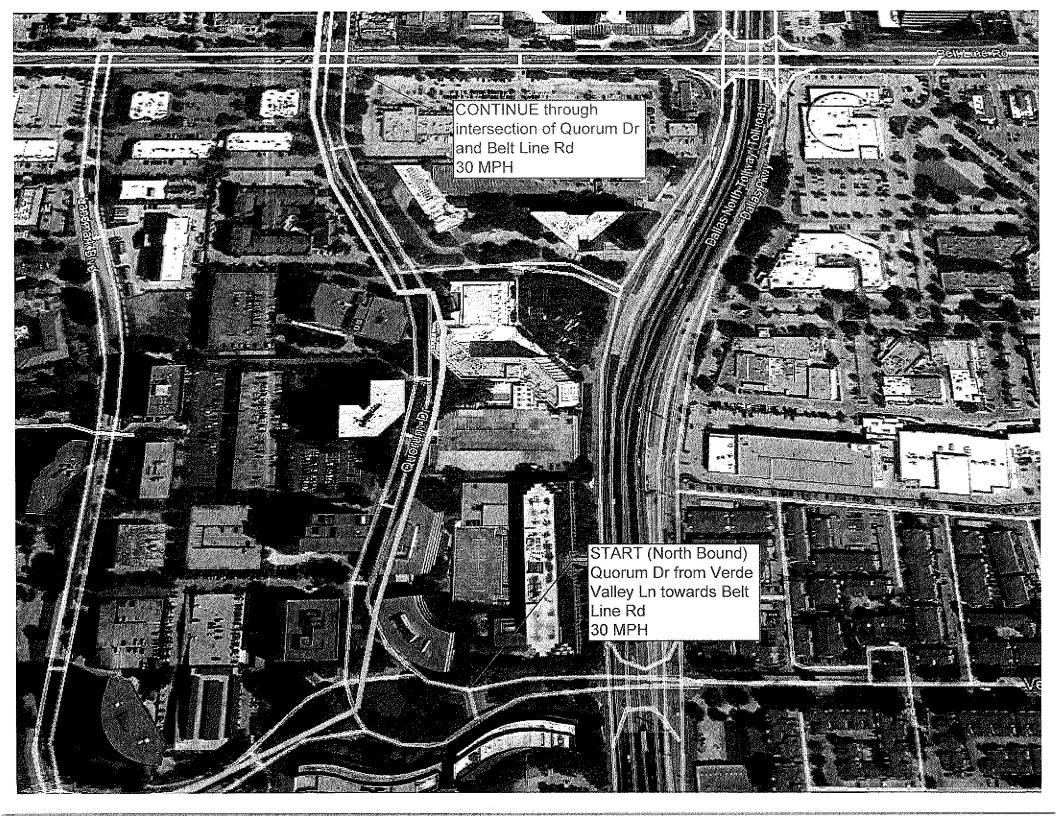
# APPLICATION Right of Way Work Permit-FRANCHISE

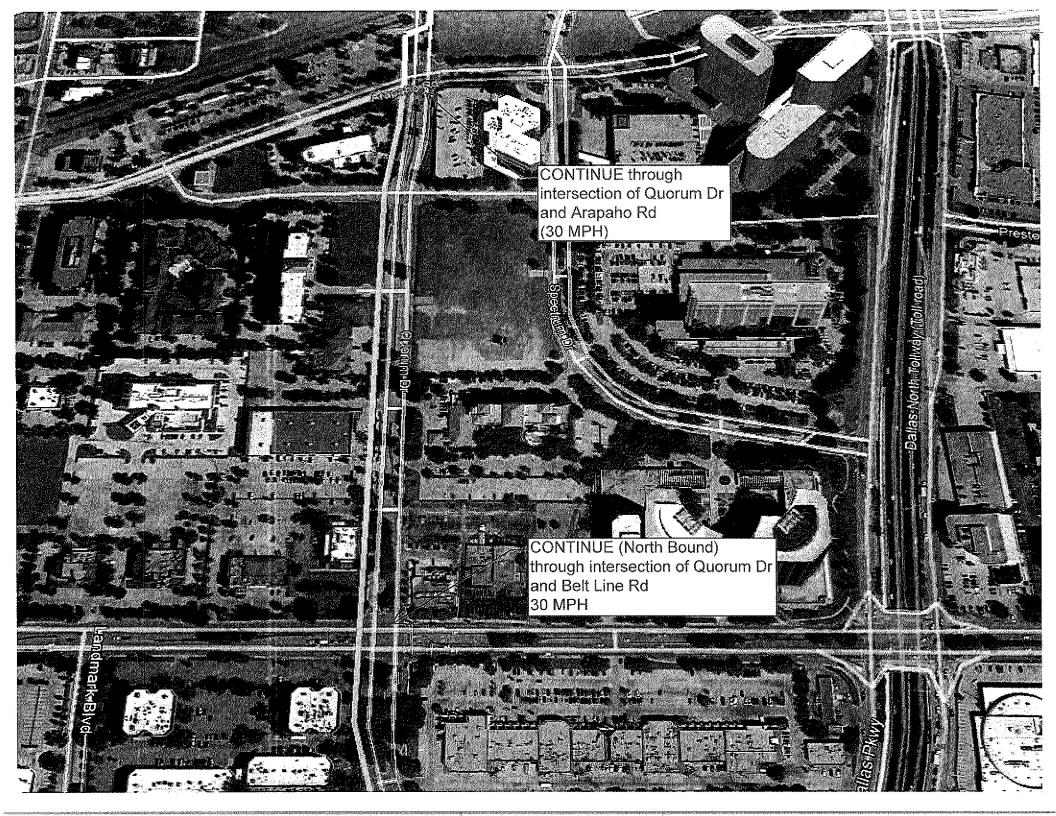
(For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

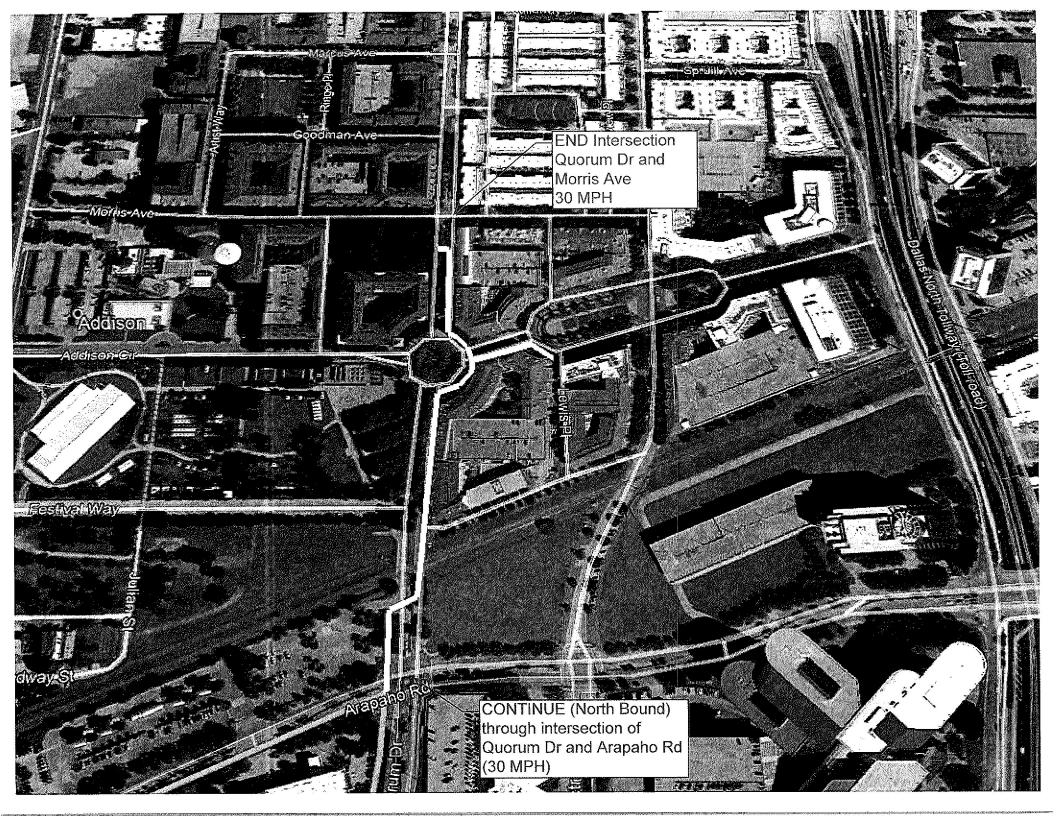
PLEASE PRINT LEGIBLY Date of Application: 5/11/2018				
Facility Owner Company: MCImetro Access Transmission Services Corp. Company Phone #: (214) 237-7746				
Utility/CTP Representative: Bill Kiraly Cell Phone #: (972) 207-0253				
Utility/CTP Representative E-mail: bill.f.kiraly@verizon.com				
General Contractor: Cobb, Fendley & Associates	Company Phone #(972) 335-3214			
Site Supervisor Name:James Hyndman	24-hour Phone # (214) 226-2398			
Contractor E-mail:sreed@cobbfendley.comSite Foreman E-m	pail:jhyndman@cobbfendley.com			
Work Site Address and Location: Start: North on Quorum from Verde Valley	(stay northbound) End: Quorum at Morris Ave			
Purpose and general description of work: Conduit Proofing				
Proposed Start Work Date: 5/21/2018 Estimated Comple	etion Date: <u>6/25/2018</u>			
Pavement Cut? □Yes ☑No Directional Bore/Boring? □Yes ☑No	Excavation? □Yes ☑No			
Lane Closure? ⊠Yes □No Other:				
Scott Reed Subtleed	Permit Coordinator			
Applicant's Printed Name Signature	Position with Company			
Applicant's E-mail: sreed@cobbfendley Applicant's Phone	#:(972) 335-3214			
Beth Bowden (972) 335-3214	Cobb, Fendley & Associates			
Direct Supervisor's Name Phone Number	Company Name			
Supervisor's E-mail: bbowden@cobbfendley.com				
FOR ADDISON USE ONLY				
Received By: Bu vie Entered? □Yes Received Date	: 5/14/18 (Sed 5/115: 2pm)			
Approved By: Direct United Inspector: J.F.	Issue Date: <u>5/15/18</u>			
Plans Submitted? ☑Yes ☐No ☐N/A Traffic Control Plan submitted? ☑Yes ☐No	D □N/A Expiration Date: <u>5/29/18</u>			
Insurance Provided? ☑Yes ☐No ☐On File Performance/Maintenance Bor	nd? □Yes □No / ,□On File /□N/A			
Fee Paid: Processed By: Processed By:				
Picked Up By: Out Pelal Company: CONO Date & Time: 5.15.18				

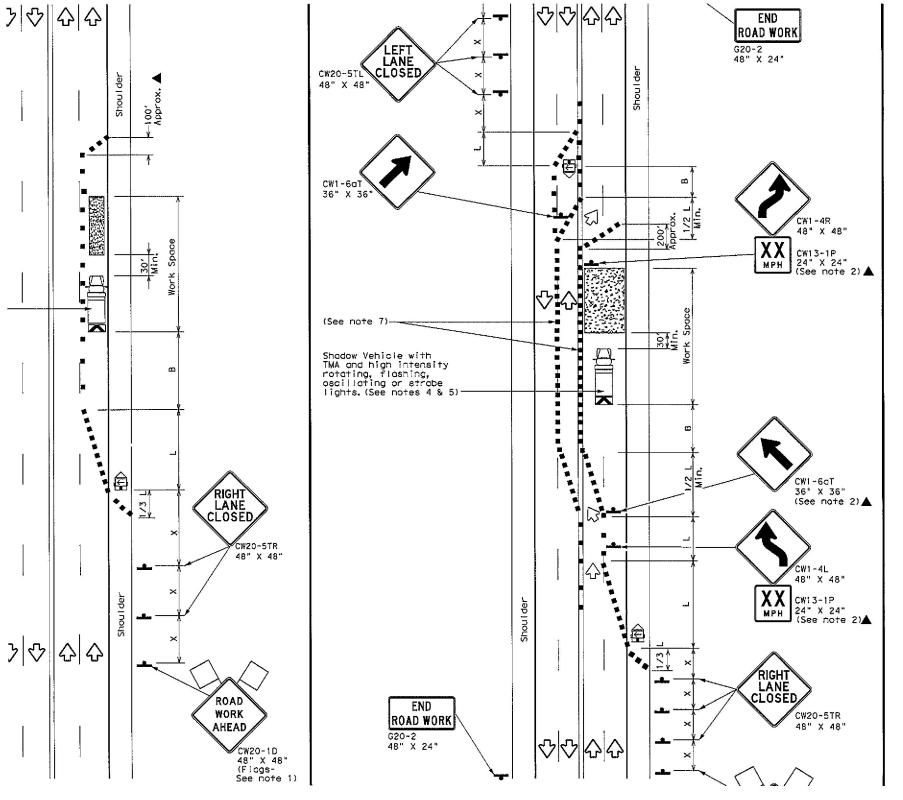
TOWN OF ADDISON INFRASTRUCTURE AND DEVELOPMENT SERVICES DEPARTMENT.

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









Posted Speed	Formula		viin esi er <del>X</del>
*		10' Offset	1 Qff
30	2	1501	1 €
35	L = WS <sup>2</sup>	2051	22
40	60	2651	25
45		450'	45
50		500'	55
55	L=WS	5501	6(
60	L-113	6001	68
65		650'	7.
70		7001	77
75		7501	82

★ Conventional Roads
★ Taper lengths have

L=Length of Taper(F

	2000110
MOBILE	SHORT DURATION

#### GENERAL NOTES

- 1. Flags attached to sign
- All traffic control di with the triangle symi or for routine mainter
- The CW20-1D "ROAD WORL visibility of the wor
- 4. A Shadow Vehicle with 30 to 100 feet in advanteering the perform present but road or we place, Type 3 Barrico for the Shadow Vehicle
- 5. Additional Shodow Veh surface, next to thos

#### TCP (1-4a)

6. If this TCP is used fi signs shall be used a centerline where need the arrow panel place

#### TCP (1-4b)

7. Where traffic is dire which separate two-wa if posted speeds are where S is the speed for the areas of conf

COBBFEND

#### Client#: 153896

ACORD.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/04/2018

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(les) 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).

Continuate inclusi in incu or cuent critical continuint(=).				
PRODUCER	CONTACT Michelle Weweh			
USI Southwest	PHONE (A/C, No, Ext): 713-490-4512 FAX (A/C, No):	484-652-5181		
9811 Katy Freeway, Suite 500	E-MAIL ADDRESS: michelle.weweh@usi.com			
Houston, TX 77024	INSURER(S) AFFORDING COVERAGE	NAIC#		
713 490-4600	INSURER A: Travelers indemnity Co. of Amer	25666		
INSUREO	INSURER B : Travelers Indemnity Company	25658		
Cobb, Fendley & Associates, Inc.	INSURER C : Berkley Insurance Company	32603		
13430 Northwest Frwy Ste 1100	INSURER D : Charter Oak Fire Insurance Comp	25615		
Houston, TX 77040	INSURER E:			
	INSURER F:			
COMEDIA OF CENTIFICATE MUMDED.	DEVICION NUMBED:			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
		'E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. N	IOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF	ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
		BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS
EXCLUSIONS	AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	
		t

INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	III III	6802J988165			EACH OCCURRENCE	\$1,000,000
``	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$10,000
	X Deductible: \$0	-				PERSONAL <sup>`</sup> & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-				GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
D	AUTOMOBILE LIABILITY		BA8E243910	07/10/2017	07/10/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
Į.	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS			ļ		PROPERTY DAMAGE (Per accident)	\$
	X Deductible:\$0						\$
В	X UMBRELLA LIAB X OCCUR		CUP8E287003	07/10/2017	07/10/2018	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MAI	E				AGGREGATE	\$10,000,000
	DED X RETENTION \$10000						\$
В	WORKERS COMPENSATION	.	UB4297T92	07/10/2017	07/10/2018	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	7				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	J  <b>"</b> ''`				E.L. DISEASE - EA EMPLOYEE	<b>\$1,000,000</b>
<u> </u>	If yes, describe under DESCRIPTION OF OPERATIONS below		Deductible: \$0			E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Professional		AEC901580002	07/10/2017	07/10/2018	\$5,000,000 per claim	ì
	Liability					\$5,000,000 annl agg	
	CM Retro Date:		10/7/1987			Deductible: \$200,00	0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Professional Engineering Services, Rod and Rope.

The General Liability and Automobile Liability policies includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured. (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
City of Addison Attn: Jason Shroyer 16801 Westgrove Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Addison, TX 75001-5190	AUTHORIZED REPRESENTATIVE
	Constitution of the second
	@ 4000 2014 ACORD CORPORATION All rights recorved

## **DESCRIPTIONS (Continued from Page 1)**

The General Liability and Automobile Liability policies contain a special endorsement with "Primary and Noncontributory" wording.

The General Liability, Automobile and Workers Compensation policies provide a Blanket Waiver of Subrogation when required by written contract.

The General Liability, Automobile, Workers Compensation and Umbrella Liability policies include an endorsement providing that 30 days notice of cancellation for reasons other than non payment of premium and 10 days notice of cancellation for non payment of premium will be given to the Certificate Holder by the Insurance Carrier.

The Umbrella Liability policy follows form to the underlying General Liability, Automobile and Workers Compensation policies. The Umbrella Liability coverage limits are in addition to those provided by the General Liability, Automobile and Workers Compensation policies.

RIGHT OF WAY, EXCAVATION & LANE CLOSURE PERMIT

W-1407

DEDMIT NUMBER

5/21/18

START DATE

6/25/18

**COBB-FENDLEY** 

**MCIMETRO** 

INFRASTRUCTURE &

16801 WESTGROVE DRIVE ADDISON, TEXAS 75001

972 450 2871

ELOPMENT SERVICES

EST COMPLETION DATE

CONTRACTOR

FOR

5050 QUORUM DR TO 15700 QUORUM DR

LOCATION (ADDRESS)

EAST AND WEST ROW - ALTERNATIVELY

LOCATION (ACTUAL)

LANE CLOSURES FOR CONDUIT PROOFING

TYPE OF WORK

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