



FOR ADDISON USE ONLY
 Permit Number: W-1507
 Location: 16190 Marsh Ln.

APPLICATION
Right of Way Work Permit-FRANCHISE

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

PLEASE PRINT LEGIBLY

Date of Application: 8/9/18
 Facility Owner Company: AT&T - 60103VG Company Phone #: 214-537-8232
 Utility/CTP Representative: Bradley Affleck Cell Phone #: _____
 Utility/CTP Representative E-mail: br9275@att.com
 General Contractor: Hernandez Utilites, LLC Company Phone # 972-557-5088
 Site Supervisor Name: William Stewart 24-hour Phone # 936-661-2798
 Contractor E-mail: William@hernandezutilites.com Site Foreman E-mail: astewart@hernandezutilites.com
 Work Site Address and Location: 15190 Marsh Ln

Purpose and general description of work: bore in 355 feet of fiber optics
 Proposed Start Work Date: 8/13/18 Estimated Completion Date: 8/31/18

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

William Stewart W. Stewart Field Supervisor
 Applicant's Printed Name Signature Position with Company

Applicant's E-mail: William@hernandezutilites.com Applicant's Phone #: 972-557-5088
Wesley Hernandez 972-557-5088 Hernandez Utilites, LLC
 Direct Supervisor's Name Phone Number Company Name

Supervisor's E-mail: office@hernandezutilites.com

FOR ADDISON USE ONLY

Received By: EW via Email Entered? Yes No Received Date: 8/9/18 9:43AM

Approved By: Dave Wilde Inspector: JF Issue Date: 8/10/18

Plans Submitted? Yes No N/A Traffic Control Plan submitted? Yes No N/A Expiration Date: 8/24/18

Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A
 Fee Paid: N/A Receipt #: CTP Processed By: DB

Picked Up By: William Stewart Company: Hernandez Utilites Date & Time: 8/13/18 1:30

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

ACAS U2L™ Advanced Contract Administration System



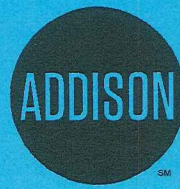
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Work Request: 05122171 KS Start Date: 08/20/18 00:00
 Task Completion: ✓ Complete Date: 08/31/18 00:00
 Work Accept Date: P.O. Date: 08/06/18 00:00
 Supplier: HERNANDEZ UTILITIES LLC Phone:
 Coordinator: ba9375 BRADLEY I AFFLECK Phone: 214-537-8238
 Ticket Nbr:

Job	GEO LOC	Bid Area	Start Date	Comp. Date	Permit No.
A01D3V6	TT8241	CDL01	08/20/18 00:00	08/31/18 00:00	
Desc:	A01D3V6 - ASE -- UNIT COST PLACE APPROX 988 FT FIBER IN OCCUPIED DUCT EXCAVATE, EXPOSE, AND CAPTURE EXISTING OPTI-COM-43 RUN PLACE THREE 2X3X2 HAND HOLES AND GROUND TREES PLACE TWO 2 INCH INNERDUCTS APPROX 355 FT PLACE APPROX 355 FIBER IN INNERDUCT SAW CUT, REMOVE, AND RESTORE APPROX 4 SQ FT PLACE LL580 AND SKIRT TO EXTERIOR WALL AT NEW EMT RUN ICON RAQUEL BLACKBURN 972 201-6852				
City:	ADDISON	County:	DALLAS		
Crossroads:	ARAPAHO RD & MARSH LN				
Loc:	MARSH LN	LANE		15190 To:	

RIGHT OF WAY, EXCAVATION &
LANE CLOSURE PERMIT



INFRASTRUCTURE &
DEVELOPMENT SERVICES

16801 WESTGROVE DRIVE
ADDISON, TEXAS 75001
972.450.2871

W-1507

PERMIT NUMBER

8/13/18

START DATE

8/31/18

EST. COMPLETION DATE

HERNANDEZ UT

CONTRACTOR

AT&T

FOR

15190 MARSH LN

LOCATION (ADDRESS)

CROSSING ARAPAHO EAST OF MARSH TO CORNER OF BLDC

LOCATION (ACTUAL)

INSTALL 2-1.25" CONDUITS AND PULL FO CABLE

TYPE OF WORK

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)
10/17/2017

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 Independent Insurance Group 3030 LBJ Freeway Ste. 1300 Dallas TX 75234	CONTACT NAME: Allen Sparks	
	PHONE (A/C, No, Ext): 972-231-8277	FAX (A/C, No):
E-MAIL ADDRESS: donnam@indinsgrp.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: West American Insurance Co		44393
INSURER B: Ohio Casually Insurance Company		24074
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Hernandez Utilities, LLC
Hernandez Leasing, LLC
11500 Long St
Balch Springs TX 75180


COVERAGES **CERTIFICATE NUMBER:** 742096512 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROTECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	CBF1002777	10/19/2017	10/19/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	BA1002779	10/19/2017	10/19/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CU887779	10/19/2017	10/19/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> 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	WC1002778	10/19/2017	10/19/2018	<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	Inland Marine			CBF1002777	10/19/2017	10/19/2018	Leased/Rented Installation Deductible \$100,000 \$100,000 \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The checked ADDL INSR and SUBR WVD boxes refer to the following specific endorsements, copies attached:

General Liability: Commercial General Liability Extension form CG8810 0413 (includes Additional Insured - By Contract, Agreement or Permit; Primary and Non-Contributory; Additional Insured-Extended Protection of Your Limits of Insurance; Waiver of Transfer of Rights of Recovery Against Others To Us - When Required in a Contract or Agreement With You); Amendment of Cancellation Provisions (Blanket 30 days) form CG8970 0413
Auto Liability: Business Auto Coverage Enhancement form CA8810 0110 (Includes Blanket Additional Insured & Blanket Waiver of Transfer of Rights of Recovery Against Others to Us); Waiver of Transfer of Rights of Recovery Against Others To Us - When Required by Written Contract form CA8862 0113;
Texas Cancellation Provision or Coverage Change (Blanket 30 days) form CA0244 0604
See Attached...

CERTIFICATE HOLDER City of Addison Addison Service Center 16801 Westgrove Drive Addison TX 75001-5190	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: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Independent Insurance Group		NAMED INSURED Hernandez Utilities, LLC Hernandez Leasing, LLC 11500 Long St Balch Springs TX 75180	
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

Workers Compensation: Blanket Waiver of Our Right to Recover from Others Endorsement Form WC420304B 0614; Blanket Texas Notice of Material Change Endorsement (30 days) Form WC420801 0194

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO COVERAGE ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by the endorsement.

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SECTION II – LIABILITY COVERAGE is amended as follows:

1. BROAD FORM INSURED

SECTION II – LIABILITY COVERAGE, paragraph A.1. –WHO IS AN INSURED is amended to include the following as an insured:

- d. Any legally incorporated entity of which you own more than 50 percent of the voting stock during the policy period. However, "insured" does not include any organization that:
- (1) Is a partnership or joint venture; or
 - (2) Is an insured under any other automobile policy; or
 - (3) Has exhausted its Limit of Insurance under any other automobile policy.

Paragraph d. (2) of this provision does not apply to a policy written to apply specifically in excess of this policy.

- e. Any organization you newly acquire or form, other than a partnership or joint venture, of which you own more than 50 percent of the voting stock. This automatic coverage is afforded only for 180 days from the date of acquisition or formation. However, coverage under this provision does not apply:
- (1) If there is similar insurance or a self-insured retention plan available to that organization;

- (2) If the Limits of Insurance of any other insurance policy have been exhausted; or
- (3) To "bodily injury" or "property damage" that occurred before you acquired or formed the organization.

2. EMPLOYEES AS INSURED

SECTION II – LIABILITY COVERAGE, paragraph A.1. –WHO IS AN INSURED is amended to include the following as an insured:

- f. Any "employee" of yours while using a covered "auto" you do not own, hire or borrow but only for acts within the scope of their employment by you. Insurance provided by this endorsement is excess over any other insurance available to any "employee".
- g. An "employee" of yours while operating an "auto" hired or borrowed under a written contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business and within the scope of their employment. Insurance provided by this endorsement is excess over any other insurance available to the "employee".

3. ADDITIONAL INSURED BY CONTRACT, AGREEMENT OR PERMIT

SECTION II – LIABILITY COVERAGE, paragraph A.1. –WHO IS AN INSURED is amended to include the following as an insured:

- h. Any person or organization with respect to the operation, maintenance or use of a covered "auto", provided that you and such person or organization have agreed in a written contract, agreement, or permit issued to you by governmental or public authority, to add such person, or organization, or governmental or public authority to this policy as an "insured".

However, such person or organization is an "insured":

- (1) Only with respect to the operation, maintenance or use of a covered "auto";
- (2) Only for "bodily injury" or "property damage" caused by an "accident" which takes place after you executed the written contract or agreement, or the permit has been issued to you; and
- (3) Only for the duration of that contract, agreement or permit

4. SUPPLEMENTARY PAYMENTS

SECTION II – LIABILITY COVERAGE, Coverage Extensions, 2.a. Supplementary Payments, paragraphs (2) and (4) are replaced by the following:

- (2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the insured at our request, including actual loss of earnings up to \$500 a day because of time off from work.

5. AMENDED FELLOW EMPLOYEE EXCLUSION

In those jurisdictions where, by law, fellow employees are not entitled to the protection afforded to the employer by the workers compensation exclusivity rule, or similar protection, the following provision is added:

SECTION II – LIABILITY, exclusion B.5. FELLOW EMPLOYEE does not apply if the "bodily injury" results from the use of a covered "auto" you own or hire.

SECTION III – PHYSICAL DAMAGE COVERAGE is amended as follows:

6. HIRED AUTO PHYSICAL DAMAGE

Paragraph A.4. Coverage Extensions of SECTION III – PHYSICAL DAMAGE COVERAGE, is amended by adding the following:

If hired "autos" are covered "autos" for Liability Coverage, and if Comprehensive, Specified Causes of Loss or Collision coverage are provided under the Business Auto Coverage Form for any "auto" you own, then the Physical Damage coverages provided are extended to "autos":

- a. You hire, rent or borrow; or

b. Your "employee" hires or rents under a written contract or agreement in that "employee's" name, but only if the damage occurs while the vehicle is being used in the conduct of your business,

subject to the following limit and deductible:

A. The most we will pay for "loss" in any one "accident" or "loss" is the smallest of:

- (1) \$50,000; or
- (2) The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- (3) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality, minus a deductible.

B. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage.

C. Subject to the limit, deductible and excess provisions described in this provision, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

D. Subject to a maximum of \$750 per "accident", we will also cover the actual loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss.

E. This coverage extension does not apply to:

- (1) Any "auto" that is hired, rented or borrowed with a driver; or
- (2) Any "auto" that is hired, rented or borrowed from your "employee".

For the purposes of this provision, SECTION V – DEFINITIONS is amended by adding the following:

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

7. TOWING AND LABOR

SECTION III – PHYSICAL DAMAGE COVERAGE, paragraph A.2. Towing, is amended by the addition of the following:

We will pay towing and labor costs incurred, up to the limits shown below, each time a covered "auto" classified and rated as a private passenger type, "light truck" or "medium truck" is disabled:

- a. For private passenger type vehicles, we will pay up to \$50 per disablement.
- b. For "light trucks", we will pay up to \$50 per disablement. "Light trucks" are trucks that have a gross vehicle weight (GVW) of 10,000 pounds or less.
- c. For "medium trucks", we will pay up to \$150 per disablement. "Medium trucks" are trucks that have a gross vehicle weight (GVW) of 10,001 – 20,000 pounds.

However, the labor must be performed at the place of disablement.

8. PHYSICAL DAMAGE- ADDITIONAL TRANSPORTATION EXPENSE COVERAGE

Paragraph A.4.a., Coverage Extension of SECTION III – PHYSICAL DAMAGE COVERAGE, is amended to provide a limit of \$50 per day and a maximum limit of \$1,500

9. RENTAL REIMBURSEMENT

SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE, is amended by adding the following:

- a. We will pay up to \$75 per day for rental reimbursement expenses incurred by you for the rental of an "auto" because of "accident" or "loss", to an "auto" for which we also pay a "loss" under Comprehensive, Specified Causes of Loss or Collision Coverages. We will pay only for those expenses incurred after the first 24 hours following the "accident" or "loss" to the covered "auto."
- b. Rental Reimbursement will be based on the rental of a comparable vehicle, which in many cases may be substantially less than \$75 per day, and will only be allowed for the period of time it should take to repair or replace the vehicle with reasonable speed and similar quality, up to a maximum of 30 days.
- c. We will also pay up to \$500 for reasonable and necessary expenses incurred by you to remove and replace your tools and equipment from the covered "auto".
- d. This coverage does not apply unless you have a business necessity that other "autos" available for your use and operation cannot fill.
- e. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Paragraph 4. Coverage Extension.
- f. No deductible applies to this coverage.

For the purposes of this endorsement provision, materials and equipment do not include "personal effects" as defined in provision 11.

10. EXTRA EXPENSE - BROADENED COVERAGE

Under SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you. The maximum amount we will pay is \$1,000.

11. PERSONAL EFFECTS COVERAGE

A. SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE, is amended by adding the following:

If you have purchased Comprehensive Coverage on this policy for an "auto" you own and that "auto" is stolen, we will pay, without application of a deductible, up to \$600 for "personal effects" stolen with the "auto."

The insurance provided under this provision is excess over any other collectible insurance.

B. SECTION V – DEFINITIONS is amended by adding the following:

For the purposes of this provision, "personal effects" mean tangible property that is worn or carried by an insured." "Personal effects" does not include tools, equipment, jewelry, money or securities.

12. ACCIDENTAL AIRBAG DEPLOYMENT

SECTION III – PHYSICAL DAMAGE COVERAGE, B. EXCLUSIONS is amended by adding the following:

If you have purchased Comprehensive or Collision Coverage under this policy, the exclusion for "loss" relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

Any insurance we provide shall be excess over any other collectible insurance or reimbursement by manufacturer's warranty. However, we agree to pay any deductible applicable to the other coverage or warranty.

13. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE

SECTION III – PHYSICAL DAMAGE COVERAGE, B. EXCLUSIONS, exception paragraph a. to exclusions 4.c. and 4.d. is deleted and replaced with the following:

Exclusion 4.c. and 4.d. do not apply to:

- a. Electronic equipment that receives or transmits audio, visual or data signals, whether or not designed solely for the reproduction of sound, if the equipment is permanently installed in the covered "auto" at the time of the "loss" and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto" and physical damage coverages are provided for the covered "auto"; or

If the "loss" occurs solely to audio, visual or data electronic equipment or accessories used with this equipment, then our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

14. LOAN / LEASE GAP COVERAGE

- A. Paragraph C., LIMIT OF INSURANCE of SECTION III – PHYSICAL DAMAGE COVERAGE is amended by adding the following:

The most we will pay for a "total loss" to a covered "auto" owned by or leased to you in any one "accident" is the greater of the:

1. Balance due under the terms of the loan or lease to which the damaged covered "auto" is subject at the time of the "loss" less the amount of:
 - a. Overdue payments and financial penalties associated with those payments as of the date of the "loss",
 - b. Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear,
 - c. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease,
 - d. Transfer or rollover balances from previous loans or leases,
 - e. Final payment due under a "Balloon Loan",
 - f. The dollar amount of any unrepaired damage which occurred prior to the "total loss" of a covered "auto",
 - g. Security deposits not refunded by a lessor,
 - h. All refunds payable or paid to you as a result of the early termination of a lease agreement or as a result of the early termination of any warranty or extended service agreement on a covered "auto",
 - i. Any amount representing taxes,
 - j. Loan or lease termination fees; or
2. The actual cash value of the damage or stolen property as of the time of the "loss".

An adjustment for depreciation and physical condition will be made in determining the actual cash value at the time of the "loss". This adjustment is not applicable in Texas.

B. ADDITIONAL CONDITIONS

This coverage applies only to the original loan for which the covered "auto" that incurred the loss serves as collateral, or lease written on the covered "auto" that incurred the loss.

- C. SECTION V – DEFINITIONS is changed by adding the following:

As used in this endorsement provision, the following definitions apply:

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

A "balloon loan" is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

15. GLASS REPAIR - WAIVER OF DEDUCTIBLE

Paragraph D. **Deductible** of SECTION III – PHYSICAL DAMAGE COVERAGE is amended by the addition of the following:

No deductible applies to glass damage if the glass is repaired rather than replaced.

16. PARKED AUTO COLLISION COVERAGE (WAIVER OF DEDUCTIBLE)

Paragraph D. **Deductible** of SECTION III – PHYSICAL DAMAGE COVERAGE is amended by the addition of the following:

The deductible does not apply to "loss" caused by collision to such covered "auto" of the private passenger type or light weight truck with a gross vehicle weight of 10,000 lbs. or less as defined by the manufacturer as maximum loaded weight the "auto" is designed to carry while it is:

- a. In the charge of an "insured";
- b. Legally parked; and
- c. Unoccupied.

The "loss" must be reported to the police authorities within 24 hours of known damage.

The total amount of the damage to the covered "auto" must exceed the deductible shown in the Declarations.

This provision does not apply to any "loss" if the covered "auto" is in the charge of any person or organization engaged in the automobile business.

SECTION IV – BUSINESS AUTO CONDITIONS is amended as follows:

17. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

SECTION IV- BUSINESS AUTO CONDITIONS, Paragraph B.2. is amended by adding the following:

If you unintentionally fail to disclose any hazards, exposures or material facts existing as of the inception date or renewal date of the Business Auto Coverage Form, the coverage afforded by this policy will not be prejudiced.

However, you must report the undisclosed hazard of exposure as soon as practicable after its discovery, and we have the right to collect additional premium for any such hazard or exposure.

18. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT, OR LOSS

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph A.2.a. is replaced in its entirety by the following:

- a. In the event of "accident", claim, "suit" or "loss", you must promptly notify us when it is known to:
 - 1. You, if you are an individual;
 - 2. A partner, if you are a partnership;
 - 3. Member, if you are a limited liability company;
 - 4. An executive officer or the "employee" designated by the Named Insured to give such notice, if you are a corporation.

To the extent possible, notice to us should include:

- (1) How, when and where the "accident" or "loss" took place;
- (2) The "insureds" name and address; and
- (3) The names and addresses of any injured persons and witnesses.

19. WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph A.5., Transfer of Rights of Recovery Against Others to Us, is amended by the addition of the following:

If the person or organization has waived those rights before an "accident" or "loss", our rights are waived also.

20. HIRED AUTO COVERAGE TERRITORY

SECTION IV – BUSINESS AUTO CONDITIONS, paragraph B.7., Policy Period, Coverage Territory, is amended by the addition of the following:

- f. For "autos" hired 30 days or less, the coverage territory is anywhere in the world, provided that the insured's responsibility to pay for damages is determined in a "suit", on the merits, in the United States, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

This extension of coverage does not apply to an "auto" hired, leased, rented or borrowed with a driver.

SECTION V – DEFINITIONS is amended as follows:

21. BODILY INJURY REDEFINED

Under SECTION V – DEFINITIONS, definition C. is replaced by the following:

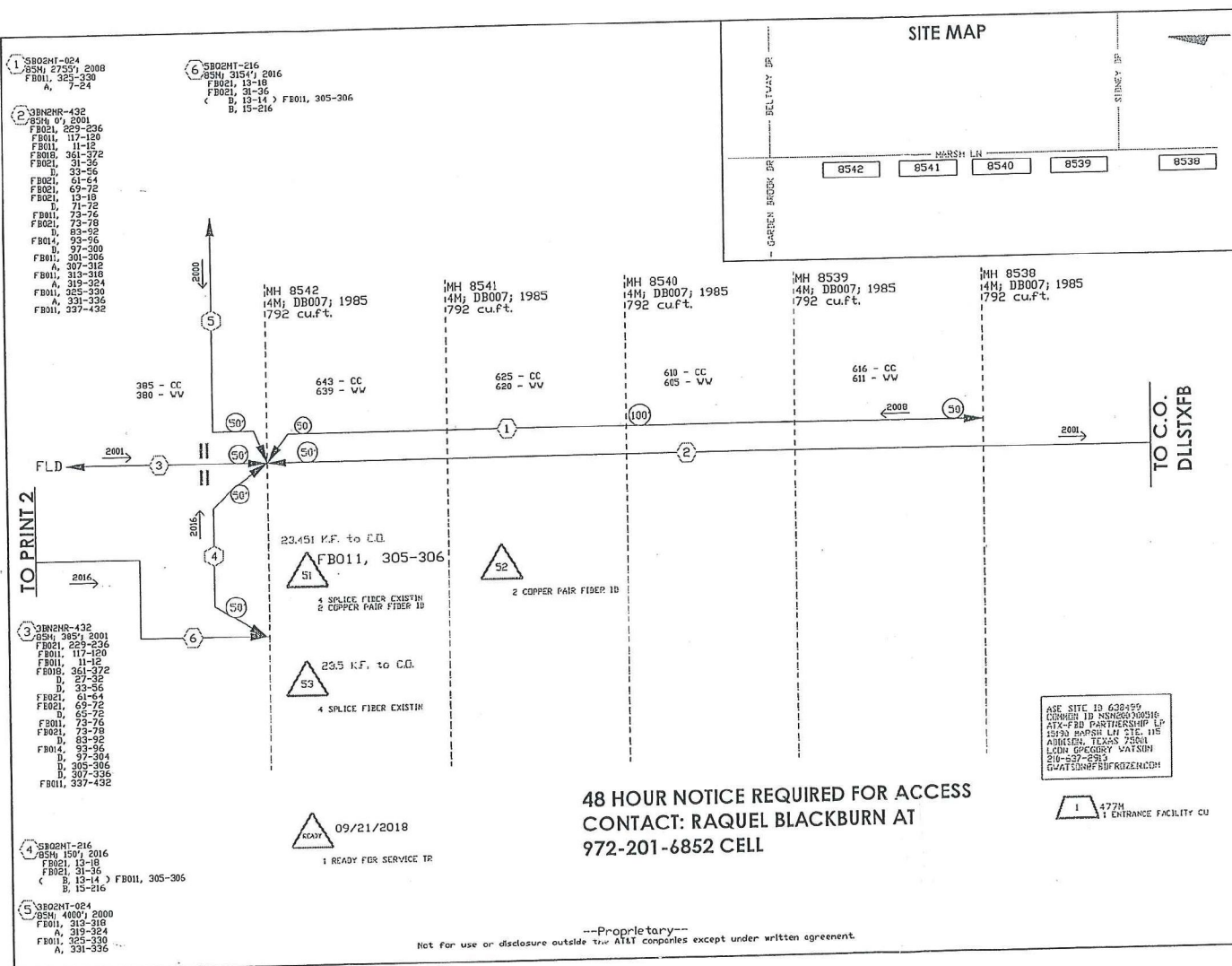
"Bodily injury" means physical injury, sickness or disease sustained by a person, including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.

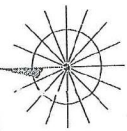
COMMON POLICY CONDITIONS

22. EXTENDED CANCELLATION CONDITION

COMMON POLICY CONDITIONS, paragraph A.– CANCELLATION condition applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation. This provision does not apply in those states which require more than 60 days prior notice of cancellation.

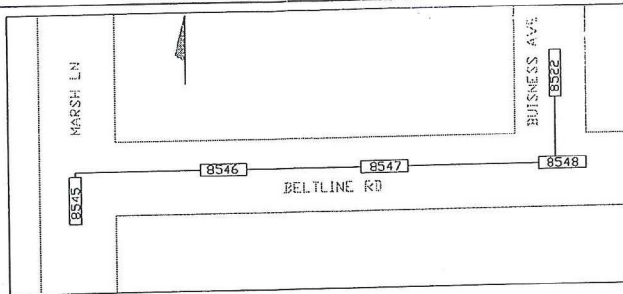


SPECIAL CIRCUITS	N
6203 FORWARDED	N
PERMIT REQUIRED	N
 NORTH ARROW	
OPERATING RANGE OF JOB STEPS	
TASK 1	TO 33
MERC 62	
TRANSMISSION ZONE	
RZ 0	CZ 0 TAPER CODE 11782
CAUTION HIGH VOLTAGE	
KV 0.00	AERIAL N BURIED N
HIGHWAY PERMIT NO.	
Utility CO	
REP NAME	
REP TEL NO.	
POLE CONTACTS (+)	(-)
Utility CO	
REP NAME	
REP TEL NO.	
POLE CONTACTS (+)	(-)
Utility CO	
REP NAME	
REP TEL NO.	
POLE CONTACTS (+)	(-)
PROJECT NO A0113V6	
TOT.PRINTS 6	PRINT NO. 1
NPA/NNX: 972-211	PRT:972241
EXCH. FARMERS BRANCH	
TAX DIST. 08007	
GEO LOC. T18241 / 09/21/2018	
ENGR. M M125316	DRAWN M
TELEPHONE NO. (972) 470-5924	
REC. REF. UG-37	
MAP REF. 2010 MAPSCO 13H	
SCALE NONE	
ISSUE DATE 03/04/2018	
PROJ TITLE 15190 MARSH LN-638499	
REV. NUMBER	
DATE REV.	
AT&T CELL 214.236.1193	

1 SBD2MT-072
 OSN: 1501 2016
 FB02L 13-18
 FB02L 31-36
 (A, 13-14) FB01L 305-306
 (B, 15-72

517 - CC
 505 - VV

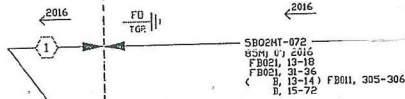
PUSH FIBERS
 FB01L, 305-306.



512 - CC
 500 - VV

MH 8548
 4M; DB007; 1985
 504 cu.ft.

SI 24.7 K.F. to C.D.
 4 SPLICE FIBER EXISTIN



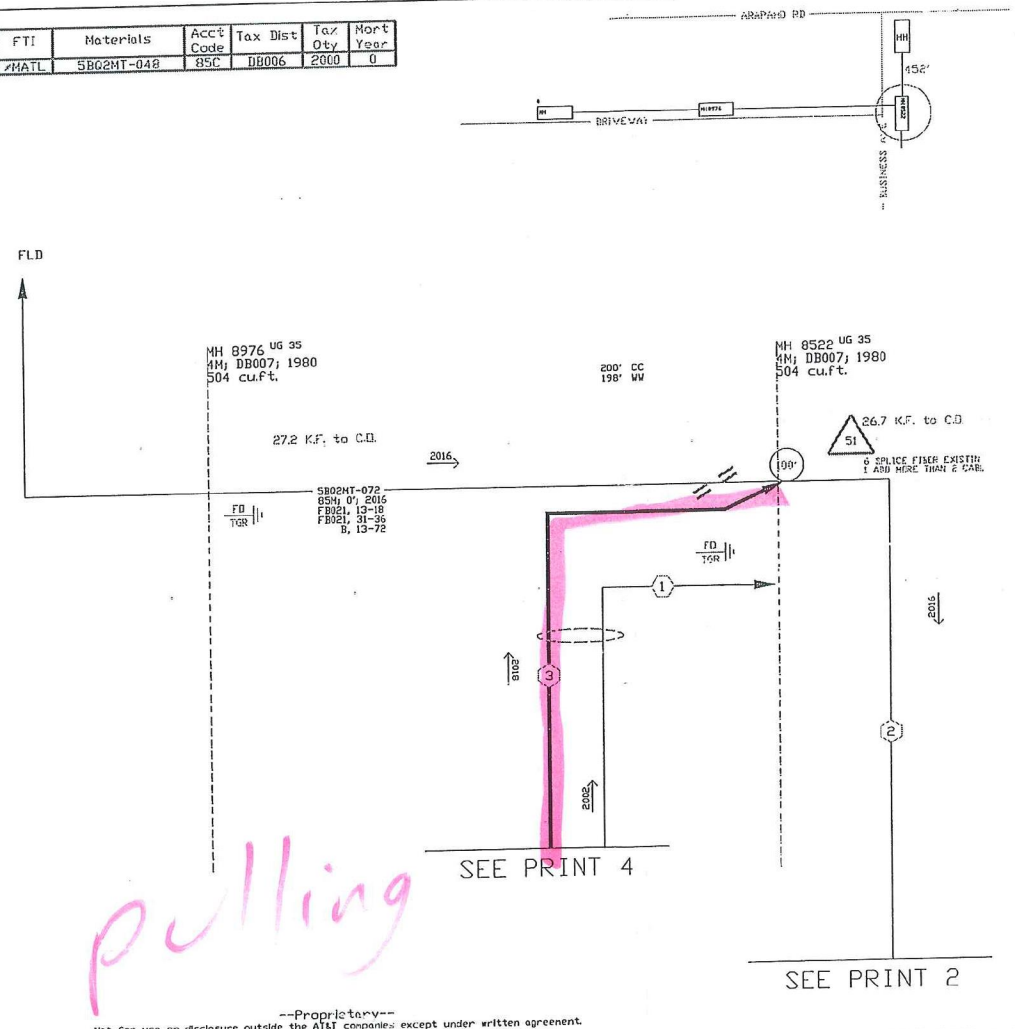
SI 24.5 K.F. to C.D.
 2 SPLICE FIBER EXISTIN

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SPECIAL CIRCUITS	N	
6203 FORWARDED	N	
PERMIT REQUIRED	N	
NORTH ARROW		
OPERATING RANGE OF JOB STEPS		
TASK	51	TO 52
MFRIC ESC		
TRANSMISSION ZONE		
RZ	0	CZ 0 TAPER CODE 11782
CAUTION HIGH VOLTAGE		
KV	0	AERIAL N BURIED #
HIGHWAY PERMIT NO.		
Utility CO		
REP NAME		
REP TEL NO.		
POLE CONTACTS (+)	0	(-) 0
Utility CO		
REP NAME		
REP TEL NO.		
POLE CONTACTS (+)	0	(-) 0
Utility CO		
REP NAME		
REP TEL NO.		
POLE CONTACTS (+)	0	(-) 0
PROJECT NO A0113V6		
TOT.PRINTS	6	PRINT NO.2
NPA/NNX:	972-241	PRT:972241
EXCH. FARMERS BRANCH		
TAX DIST. 00006		
GEO LOC. 118241		
ENGR. MN MN3516 DRAWN:W		
TELEPHONE NO. (972) 470-5924		
REC. REF. US-33		
MAP REF. 2010 HARSCO 130		
SCALE NONE		
ISSUE DATE 08/04/2018		
PROJ TITLE 15190 MARSH LN-638499		
REV. NUMBER		
DATE REV.		
AT&T ENG CELL 214.236.1193		

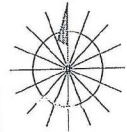
- 1 SBO2MT-054
BSM; 1000'; 2002
FB001, 45-48
FB011, 403-404
D, 7-24
- 2 SBO2MT-072
BSM; 0'; 2016
FB021, 13-18
FB021, 31-36
C, 13-13
B, 13-72
FB011, 305-306
- 3 SBO2MT-048
BSC; 2000'; 2018
FB011, 305-306
A, 3-18
- 4 SBO2MT-040
2693 MATERIAL ONLY
- 5 908 PLACE ITEM IN AN OCC

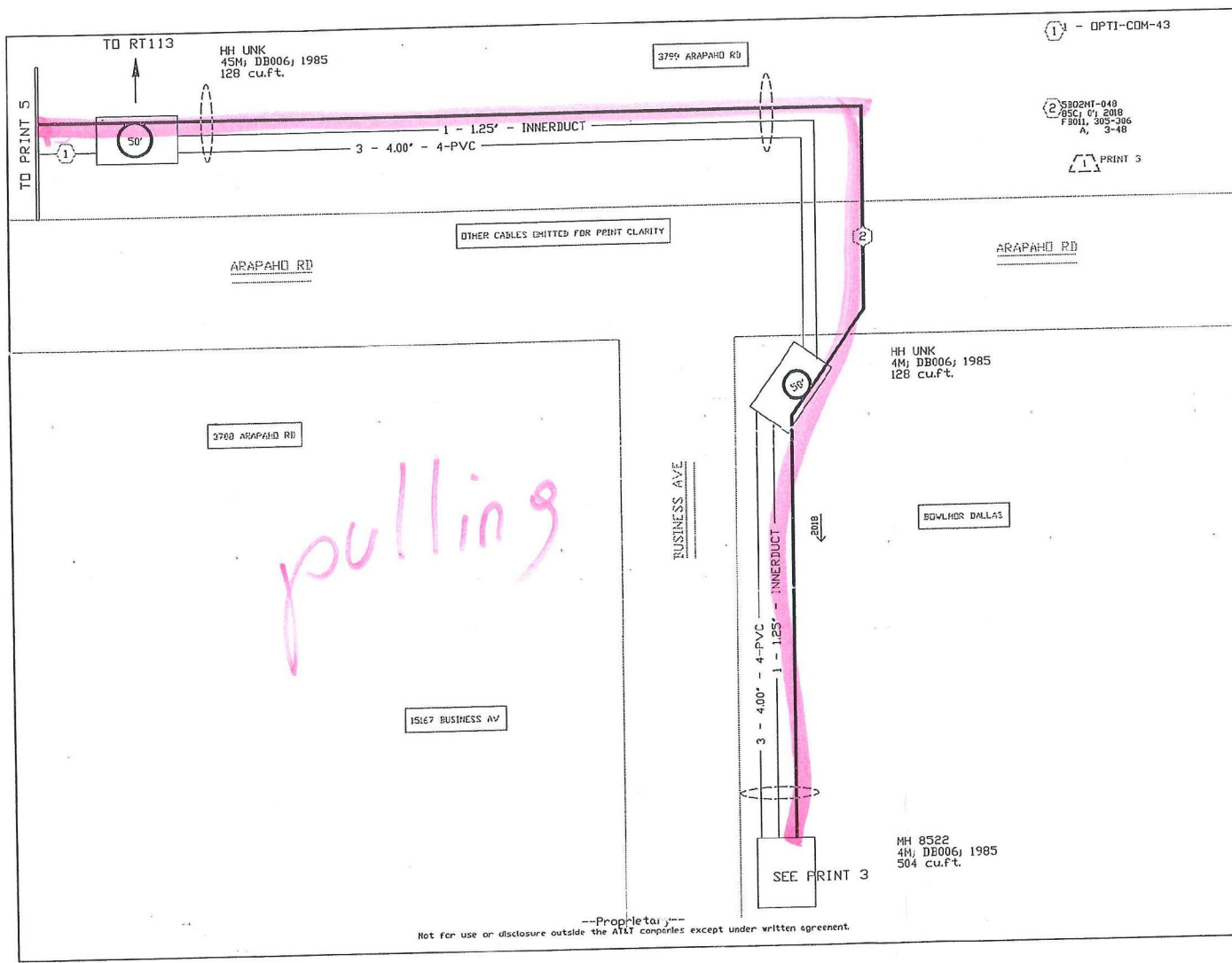
Task #	FTI	Materials	Acct Code	Tax Dist	Tax Qty	Mort Year
1	MATL	SBO2MT-048	BSC	DB006	2000	0



pulling

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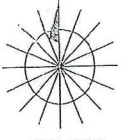
SPECIAL CIRCUITS	N	 <p>NORTH ARROW</p>
6203 FORWARDED	N	
PERMIT REQUIRED	N	
OPERATING RANGE OF JOB STEPS		
TASK 1 TO 51		
MFRS		
TRANSMISSION ZONE		
RZ 0	CZ 0	TAPER CODE 11782
CAUTION HIGH VOLTAGE		
KV 0.00	AERIAL N	BURIED N
HIGHWAY PERMIT NO.		
UTILITY CO		
REP NAME		
REP TEL NO.		
POLE CONTACTS (+) 0		(-) 0
UTILITY CO		
REP NAME		
REP TEL NO.		
POLE CONTACTS (+) 0		(-) 0
PROJECT NO A01D3V6		
TOT.PRINTS 6	PRINT NO. 3	
NPA/NINX: 972-241	PRT: 972241	
EXCH. FARMERS BRANCH		
TAX DIST. 00006		
GEO LOC. 118241		
ENGR. MN MN3516 DRAWN MN		
TELEPHONE NO. (972) 470-5924		
REC. REF. 05-35		
MAP REF. 2010 MAPSCO 14A		
SCALE NONE		
ISSUE DATE 08/04/2018		
PROJ TITLE 15190 MARSH LN-638499		
REV. NUMBER		
DATE REV.		
AT&T ENG CELL 214.236.1193		



① - OPTI-COM-43

② S802M-048
BSC, 01, 2018
F 301, 302-306
A, 3-48

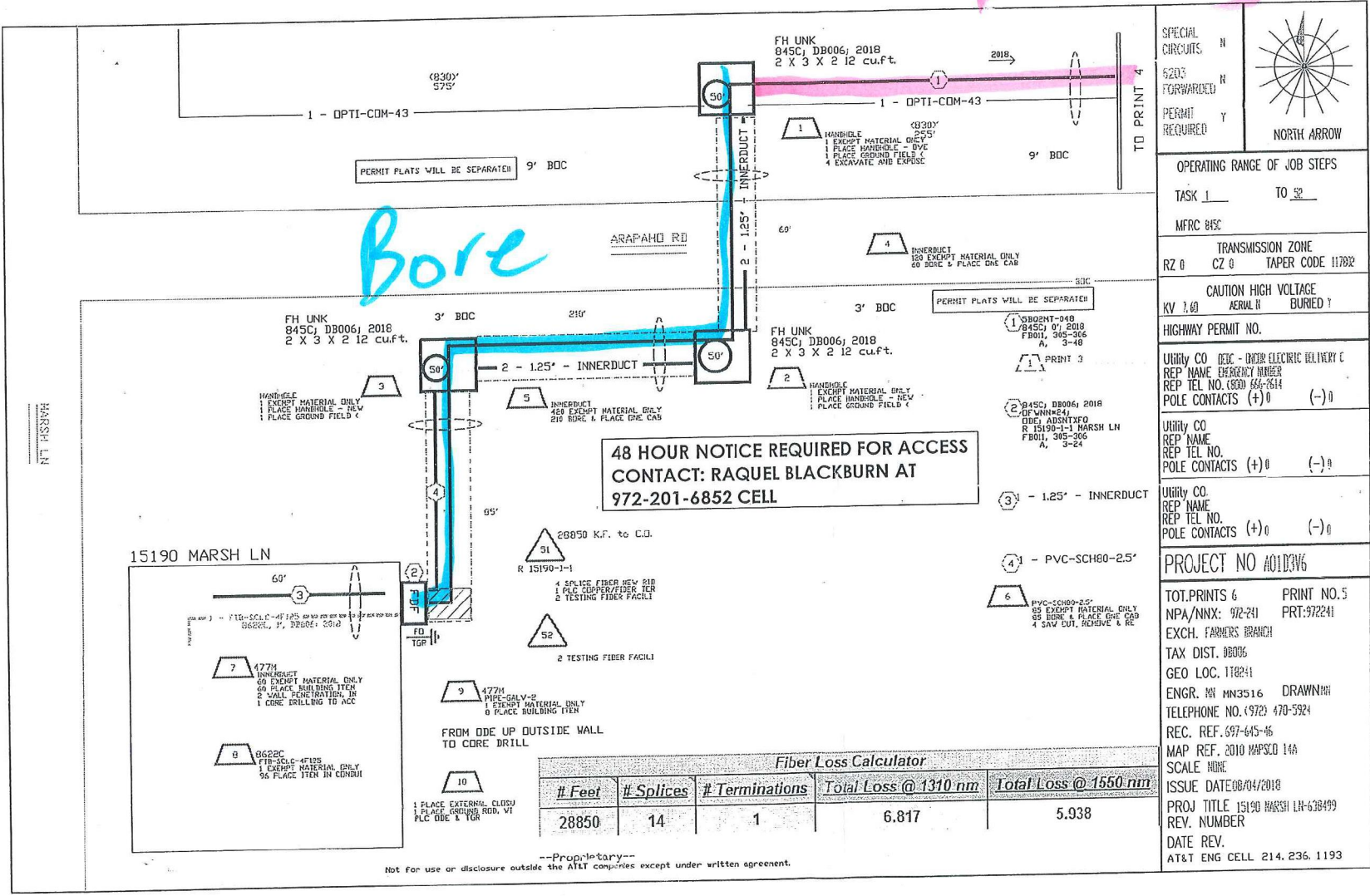
PRINT 3

SPECIAL CIRCUITS	N
6203 FORWARDED	N
PERMIT REQUIRED	N
 NORTH ARROW	
OPERATING RANGE OF JOB STEPS	
TASK	TO
MFCR BSC	
TRANSMISSION ZONE	
RZ 0	CZ 0 TAPER CODE 11702
CAUTION HIGH VOLTAGE	
KV 0.00	AERIAL N BURIED N
HIGHWAY PERMIT NO.	
Utility CO	
REP NAME	
REP TEL NO.	
POLE CONTACTS (+) 0	(-) 0
Utility CO	
REP NAME	
REP TEL NO.	
POLE CONTACTS (+) 0	(-) 0
Utility CO	
REP NAME	
REP TEL NO.	
POLE CONTACTS (+) 0	(-) 0
PROJECT NO 0010306	
TOT. PRINTS 6	PRINT NO. 4
NPA/NNX: 972-241	PRT: 972241
EXCH. FARMERS BRANCH	
TAX DIST. 00006	
GEO LOC. 118241	
ENGR. MN MNC516 DRAWN MN	
TELEPHONE NO. 972-470-5524	
REC. REF. 697-645-16	
MAP REF. 2010 MAPSCO 14A	
SCALE NONE	
ISSUE DATE 08/04/2018	
PROJ TITLE 15190 MARSH LN-638499	
REV. NUMBER	
DATE REV.	
AT&T ENG CELL 214.236.1193	

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Pulling

Bore



48 HOUR NOTICE REQUIRED FOR ACCESS CONTACT: RAQUEL BLACKBURN AT 972-201-6852 CELL

Fiber Loss Calculator				
# Feet	# Splices	# Terminations	Total Loss @ 1310 nm	Total Loss @ 1550 nm
28850	14	1	6.817	5.938

SPECIAL CIRCUITS	N
5203 FORWARDED	N
PERMIT REQUIRED	Y
NORTH ARROW	
OPERATING RANGE OF JOB STEPS	
TASK 1	TO 52
MFRS BISC	
TRANSMISSION ZONE	
RZ 0	CZ 0 TAPER CODE 11782
CAUTION HIGH VOLTAGE	
KV 1.00	AERIAL BURIED
HIGHWAY PERMIT NO.	
UTILITY CO. (DEC - INTER ELECTRIC DELIVERY C	
REP NAME	EMERGENCY NUMBER
REP TEL NO. (502) 656-2614	
POLE CONTACTS (+) 0	(-) 0
UTILITY CO.	
REP NAME	
REP TEL NO.	
POLE CONTACTS (+) 0	(-) 0
PROJECT NO #01D3V6	
TOT. PRINTS 6	PRINT NO. 5
NPA/NNX: 972-241	PRJ: 972241
EXCH. FARMERS BRANCH	
TAX DIST. 08006	
GEO. LOC. 118241	
ENGR. M# MN3516 DRAWN#	
TELEPHONE NO. (972) 470-5924	
REC. REF. 697-645-46	
MAP REF. 2010 MAPS.C.D 14A	
SCALE NONE	
ISSUE DATE 08/04/2018	
PROJ TITLE 15190 MARSH LN-638499	
REV. NUMBER	
DATE REV.	
AT&T ENG CELL 214.236.1193	

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SITE DETAILS

Site ID: 638499

Common ID: NSN200300510

ASR Number: 1815550079

PON: 7MS02281763

Site Type: Customer

Process Type: NSN

Business Unit: WH

Customer: ATX-FBD PARTNERSHIP LP

End Customer: FBD PARTNERSHIP LP

ACNA: ATX

Address: 15190 MARSH LN

Sub Address: BLDG MAIN:FLR 1:RM 115

City: ADDISON

State: TX

ZIP: 75001

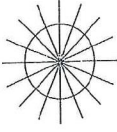
LCON: GREGORY WATSON, 2106372913, GWATSON@FBDPROZEN.COM

Secondary LCON: KIM 8167294634 KSCHOFIELD@CACTUSTS.COM

**48 HOUR NOTICE REQUIRED FOR ACCESS
CONTACT: RAQUEL BLACKBURN AT
972-201-6852 CELL**

AT&T DESIGN ENGINEER
MARCUS NELSON
972-470-5924 OFFICE
214-236-1193 CELL
MARCUS.NELSON@ATT.COM

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SPECIAL CIRCUITS <input type="checkbox"/>	
6203 FORWARDED <input type="checkbox"/>	
PERMIT REQUIRED <input type="checkbox"/>	
OPERATING RANGE OF JOB STEPS TASK _____ TO _____ MFRS SEC _____	
TRANSMISSION ZONE RZ <input type="checkbox"/> CZ <input type="checkbox"/> TAPER CODE <input type="checkbox"/>	
CAUTION HIGH VOLTAGE KV <input type="checkbox"/> AERIAL <input type="checkbox"/> BURIED <input type="checkbox"/>	
HIGHWAY PERMIT NO. _____	
UTILITY CO REP NAME REP TEL NO. POLE CONTACTS (+) <input type="checkbox"/> (-) <input type="checkbox"/>	
UTILITY CO REP NAME REP TEL NO. POLE CONTACTS (+) <input type="checkbox"/> (-) <input type="checkbox"/>	
UTILITY CO REP NAME REP TEL NO. POLE CONTACTS (+) <input type="checkbox"/> (-) <input type="checkbox"/>	
PROJECT NO <input type="checkbox"/>	
TOT. PRINTS <input type="checkbox"/> PRINT NO. <input type="checkbox"/> NPA/NNX: 972-241 PRT: 972241 EXCH. FARMERS BRANCH TAX DIST. 08006 GEO LOC. T18241 ENGR. MN MN3516 DRAWN MN TELEPHONE NO. (972) 470-5924 REC. REF. 697-645-16 MAP REF. 2010 MAFSCO 14A SCALE NONE ISSUE DATE 08/04/2018 PROJ TITLE 15190 MARSH LN-638499 REV. NUMBER DATE REV.	