

## Temporary Use of Public Right-of-Way Permit Application Please allow up to 14 days for the processing of this application.

## By submitting this permit application, the applicant swears and certifies that:

- The applicant will obtain utility locates before digging, trenching, or boring in the right-of-way;
- The applicant understands that no work in the right-of-way, other than obtaining utility locates, is permitted until a Temporary Use of Public Right-of-Way Permit is affirmatively issued;
- The applicant has read Chapter 16, Articles 8 and 9 of the Code of the City of Lawrence, and understands the regulations therein;
- The applicant will restore the right-of-way to city specifications;
- The applicant will notify the city when the use of the right-of-way is complete;
- The applicant will maintain traffic control devices in compliance with the Manual of Uniform Traffic Control Devices (MUTCD) throughout the project;
- The applicant will meet the conditions of any applicable KDOT permit;
- The applicant will obtain approval from the City of Lawrence Parks and Recreation Department before digging, trenching, or boring within ten feet of any tree in the right-of-way; and
- The applicant understands that the permit holder is responsible for covering meters with meter bags or posting no parking signs associated with this permit at least 24 hours in advance. The city will not tow vehicles parked in violation of either the meter bags or no parking signs. Towing vehicles in association with this permit is the sole responsibility of the permit holder. The permit holder is liable for any and all claims that involve vehicle removal. The city will refer any and all concerns/complaints by citizens to the permit holder. The permit holder is responsible for taking reasonable steps to appropriately handle the concerns/complaints.

APPLICANT INFORMATION									
Contact Pe	erson:	E-M	Iail Address:	Business Name:				Preferred Phone:	
STEVE	_	RE SU	YRE@ Ryl	lifeguiment.com Rylie Eg				75-640-1725	
Mailing Street: City: State: Zip: 24-Hour Ph							24-Hour Phone:		
Address	2150	o S. Kansa	5 AUG	Topeka		とう	66611	785-234-2234	
LIST DATE(S) OF REQUESTED USE OF RIGHT-OF-WAY BELOW							)W		
Date:	Date: From Time:		To Time:	Location of Use:					
Date:	Date: From Time:		To Time:	Location of Use:					
Date:	Date: From Time:		To Time:	Location of Use:					
Or From D 1-5-14	ate to I	Date: 23-14	From Time:	To Time: Location of Use:					
Is applicant the owner of the adjoining property? Yes No (If no, attach the owner's written permission)									
Describe the use of this right-of-way:									
QUESȚIONS FOR APPLICANT									
Do you need meter bags? Yes No Wyes, how many?									
Do you need no parking signs? Yes No If yes, how many (1 sign per 30 feet)?									
Note: The police department will contact you when meter bags and/or no parking signs are ready to be picked									
<del> t</del>				o the police depar		that tim	e.		
Is this project being undertaken on behalf of the City of Lawrence?  Yes No									

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If yes to above, who is your main contact person with the City on this project?						
Will you be digging, trenching, or boring within ten feet of any tree in the right-of-way? Yes No						
Are any street lane closures anticipated? Yes No						
Will street lane closure necessitate bus reroutes? Yes No						
Will you be installing	any above-ground fixtures, equipment, or mark	cers? Yes No				
Will you be making as	ny pavement cuts (streets, curbs, gutters, sidewa	alks, etc.)? Yes No				
Is the work located wi	thin any historic district or environs? 🔲 Yes	No				
PLEASE INCLUI	Certificate of general liability insurance City of Lawrence listed as a certificate Sketch or site plan of the utilized right- MUTCD compliant traffic control plan or vehicular traffic in any way Written permission of adjacent property Copy of KDOT permit if applicable Photos or illustrations of any above-gro Scale drawings showing the location of and the proposed location of any new in	e in the amount of \$500,000 with the holder of-way if the activity will impact pedestrian wowner(s) if applicant is not owner and fixtures, equipment, or markers existing utilities and infrastructure, installations.				
	*Application cannot be accepted withou	at a signature.				
	OFFICE USE ONLY					
Application Received l	Date: Insurance Certificate Submitted or or Yes No	n File? Payment Received? Yes No				
Permit reviewed by:	Development Services / Building Inspection Police Department Public Works Utilities Historic Resources Fire Medical Parks & Recreation/Forestry/Facilities Transit	Yes       N/A				
City services needed:	Bus Re-routes Meter Bags No Parking Signs Barricades	Yes				
Special Conditions:		James de Lacentral				
_	City Manager or Designee	Date				
RIGHT-OF-WAY OR EMPLOYEE	HOULD BE PROMINENTLY DISPLAYED W Y IS BEING USED OR BE AVAILABLE FOR I OF THE CITY OF LAWRENCE UPON DEM OR SUSPENDED AS PROVIDED BY LAW.	REVIEW BY ANY OFFICER				

Dec-19-2014 02:11 PM RYLIE EQUIPMENT & CONTRACTING 913-621-2729

ACORD'

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12-19-2014

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	CONTACT Dee Gosda					
Ryder-Rosacker-McCue & Huston	PHONE (A/C No Ext): (308) 382-2330 or 800-658-4200 FAX (A/C No): (308) 38	32-7109				
509 W. Koenig St.	E-MAIL ADDRESS: dgosda@yderinsurance.com					
PO Box 1228	PRODUCER CUSTOMER ID # 1714	•				
Grand Island NE 68802	INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURED	INSURER A: Travelers Indemnity Co	25658				
Rylie Equipment & Contracting Company	INSURER B: Charter Oak Fire Insurance Co	25615				
913 S Boeke, PO Box 5145, Kansas City, KS 66119	INSURER C: Travelers Prop Casualty of America	25674				
1521 W.Anna St, PO Box 1327, Grand Island, NE 68802	INSURER D:					
	INSURER E :					
	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.

INSF	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MWDD/YYYY)	POLICY EXP	LIMIT	rs
A	GENERAL LIABILITY			DTCC9D14509AIND14	01-01-14	01-01-15	EACH OCCURRENCE DAMAGE TO RENTED	s 1,000,000 s 100,000
	CLAIMS-MADE X OCCUR					0.0.10	PREMISES (Ea occurrence) MED EXP (Any one person)	s 5,000
ł							PERSONAL & ADV INJURY	s 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
ļ	GEN'L AGGREGATE LIMIT APPLIES PER:				ļ	J	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY X PRO- LCC						<del></del>	\$
В	AUTOMOBILE LIABILITY  ANY AUTO			DT8109D14509ACOF14	01-01-14	01-01-15	COMBINED SINGLE LIMIT (Es accident)	\$ 1,000,000
	· · · · · · · ·			DIOI03DI4303ACCI [4	0,-0,-14	01-01-15	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS		1				BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	5
	NON-OWNED AUTOS							\$
[		j			l			5
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s 10,000,000
Α	EXCESS LIAB CLAIMS-MADE			DTSWCUP9D14509AIND14	01-01-14	01-01-15	AGGREGATE	\$ 10,000,000
]	DEDUCTIBLE					J.		\$
	X RETENTION \$ 10,000							\$
						01-01-15	X WC STATU X OTH	
C				DTJUB9D14509A14	01-01-14			\$ 1,000,000
	(Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE	s 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$ 1,000,000
Ā				DTC09D14509AIND14	01-01-14	01-01-15	Limit	\$250,000
	<u> </u>		[				Deductible	\$2,500

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

CERTIFICATE HOLDER	CANCELLATION				
City of Lawrence, KS PO Box 708	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Lawrence, KS 66044	AUTHORIZED REPRESENTATIVE COLL SONG				
Fax: (785)832-3110					

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