

# CITY OF CUMBERLAND

## Right of Way Registration Form Public Works Department 950 1<sup>st</sup> Avenue Cumberland, Wisconsin 54829

### Registrant's Information

Corporate Name:

Corporate/Regional Contact Person:

Digger's Hotline Registration Certificate Number

Address:

Email:

Telephone:

Facsimile Number:

### Local Emergency Representative's information (This person shall be available 24 hours per day)

Name:

Address:

Email:

Facsimile Number:

24/7 – Office Phone Number:

24/7 – Home Telephone Number:

24/7 – Mobile Number:

Attach the Corporation's Business certificate under Wis. Stats. if the entity is a corporation, a LLC or LLP

Attach corporate certificate of authority from Wisconsin Public Service Commission

Attach certificate of liability insurance

Attach the annual registration fee of \$10

**Registration is valid until Dec 31<sup>st</sup> of each calendar year.**

**The registrant shall keep all of the information listed above current at all times by providing to the Department information as to changes within fifteen (15) working days following the date on which the registrant has knowledge of any change.**

Signature of Owners Authorized representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Local Emergency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Indemnification:** By registering with the City, or by accepting a permit under this Chapter, a registrant or Permittee, as the case may be, agrees to indemnify, defend, and hold harmless the City its officers, boards, committees, commissions, elected officials, employees and agents (collectively, "Indemnified Parties"), from and against all loss or expense (including liability costs and attorney's fees) by reason of any claim or suit, or of liability imposed by law upon an Indemnified Party for damages because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons or on account of damages to property, including loss of use thereof, arising from, in connection with, caused by or resulting from the permittee's acts or omissions in the exercise of its rights under this permit, whether caused by or contributed to by the City or its agents or employees.

**Minimum Insurance requirements:** The limits of liability for the insurance shall provide coverage for not less than the following amounts or greater where required by Laws and Regulations:

- |  |             |
|--|-------------|
| 1) Workers' Compensation, and related coverage's   |             |
| a) State:  | Statutory   |
| b) Applicable Federal (e.g., Longshoreman's):  | Statutory   |
| c) Employer's Liability:   | \$500,000   |
| 2) General Liability shall include completed operations and product liability coverage's                                   |             |
| a) General Aggregate   | \$1,000,000 |
| b) Products – Completed Operations Aggregate   | \$1,000,000 |
| c) Personal and Advertising Injury (per person/organization)   | \$1,000,000 |
| d) Each Occurrence (Bodily Injury and Property Damage)   | \$1,000,000 |
| e) Personal Injury Liability Coverage will include Claims arising out of Employment.                                       | \$1,000,000 |
| f) Exclusions of property in contractors Care, Custody or Control  | \$1,000,000 |
| g) Property Damage liability insurance will provide Explosion, Collapse, and Under-ground coverage's.                      | \$1,000,000 |
| h) Excess or Umbrella Liability  |             |
| i) General Aggregate   | \$2,000,000 |
| ii) Each Occurrence  | \$2,000,000 |
| 3) Automobile Liability: Owned, hired, and non-owned vehicles  |             |
| a) Bodily Injury:  |             |
| i) Each person   | \$1,000,000 |
| ii) Each Accident  | \$1,000,000 |
| b) Property Damage:  |             |
| i) Each Accident   | \$1,000,000 |
| ii) Combined Single Limit of   | \$1,000,000 |
| 4) The Contractual Liability coverage shall provide coverage for not less than the following amounts:                      |             |
| a) Bodily Injury:  |             |
| i) Each Accident   | \$1,000,000 |
| ii) Annual Aggregate   | \$1,000,000 |
| b) Property Damage:  |             |
| i) Each Accident   | \$1,000,000 |
| ii) Annual Aggregate   | \$1,000,000 |
| 5) Liability coverage for others listed below will be provided, subject to customary exclusions for professional liability |             |
| a) By endorsement as additional  |             |
| i) Insured's on Liability Policy.  | \$3,000,000 |
| [or]   |             |
| ii) By a separate Protective Liability Policy covering all of them issued by general liability carrier.                    |             |
| 6) <i>List of Additional Insured's:</i>  |             |
| a) <i>City of Cumberland</i>   |             |

(provide an original endorsement of coverage with certificate of insurance)