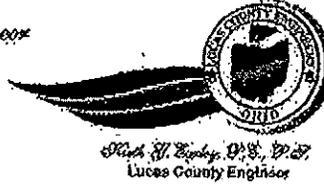


Office of the County Engineer

1039 S. McCord Road  
Holland, Ohio 43628

Phone: 419-213-2850  
Fax: 419-213-3828



PERMIT FOR TRANSPORTATION OF OVERSIZED AND OVERWEIGHT VEHICLES  
ON THE LUCAS COUNTY AND TOWNSHIP HIGHWAY SYSTEM  
(PLEASE TYPE OR PRINT CLEARLY)

NAME OF APPLICANT: Carl Kopocs NAME OF COMPANY: Edwards Landclearing

ADDRESS: 49090 Cooper Foster Park Rd CITY, STATE, ZIP: Amherst, OH 44001

TELEPHONE: (440) 988-4477 FAX: (440) 988-4480 NATURE OF MOVE: 3036 Morbark Track chipper

FROM: Fort Loramie, oh TO: Toledo - ~ & n. king rd

DESIGNATED ROUTE: 66-47-75-475-20-N, King rd

TYPE OF PERMIT  TRIP  TRIP & RETURN SAME DAY  TRIP AND RETURN AT LATER DATE  
(MUST RE-APPLY IF OVER 30 DAYS)

INITIAL TRIP IS VALID BEGINNING 1-19-2017 ENDING 2-19-17

TRUCK TRACTOR AND SEMI-TRAILER INFORMATION

DIMENSIONS

VEHICLE & LOAD OVERALL LENGTH: 70'0 HEIGHT: 13'6 WIDTH: 10'6

LOAD ONLY LENGTH: 29'8 HEIGHT: 11'11 WIDTH: 10'6

MAKE & MODEL LICENSE NO. STATE WEIGHT EMPTY IN LBS.

TRUCK OR TRACTOR Kenworth PVF6914 OH 18900

SEMI-TRAILER Trail King TLF5651 OH 18560

OTHER \_\_\_\_\_

NET LOAD 79540

CHECK IF APPLICABLE

LOAD IS TOWED ON ITS OWN FRAME & UNDERCARRIAGE GROSS WEIGHT 117000

LOAD IS UNDER ITS OWN POWER

VARIABLE TRAILERS, SEE ATTACHED LIST

ALL WEIGHTS (AXLE & GROSS) ARE LEGAL IN ACCORDANCE WITH SECTION 5577.04 OHIO REVISED CODE  
(IF CHECKED, DO NOT COMPLETE AXLE LOADS & SPACING SECTION AT TOP OF PAGE 2)

AXLE SPACING FEET & INCHES	AXLE NO.	AXLE LOADS GROSS AXLE LOAD, LBS.	TIRES NO. ON AXLE / SIZE
A. 15'5"	1	12000	2
B. 4'5"	2	23000	4
C. 33'0"	3	23000	4
D. 4'7"	4	19997	4
E. 4'7"	5	19997	4
F.	6	19996	4
G.	7		
H.	8		
I.	9		
J.	10		
K.	11		
	12		

TOTAL GROSS WEIGHT 117000

----- THIS PERMIT AUTHORIZES THE APPLICANT TO MOVE A VEHICLE, OBJECT, OR STRUCTURE WHICH EXCEEDS THE MAXIMUM SIZE OR WEIGHT SPECIFIED IN THE OHIO REVISED CODE, SECTION 5577.01 TO 5577.07 INCLUSIVE, OR OTHERWISE NOT IN CONFORMITY WITH SECTION 4513.01 TO 4513.37, INCLUSIVE, OF THE OHIO REVISED CODE. THIS PERMIT IS GRANTED IN ACCORDANCE WITH SECTION 4513.34 OF THE OHIO REVISED CODE, SUBJECT TO THE FOLLOWING PROVISIONS.

THE MOVER AGREES TO PROTECT THE TRAVELING PUBLIC AND AT ALL TIMES INDEMNIFY AND SAVE HARMLESS LUCAS COUNTY/TOWNSHIP AGAINST ALL DAMAGES THAT MAY OCCUR THROUGH THE USE OF THIS PERMIT. THIS PERMIT DOES NOT APPLY TO ANY PART OF THE MOVE OVER ANY STATE HIGHWAY OR INSIDE THE CORPORATION LIMITS OF ANY MUNICIPALITY. THIS PERMIT IS SUBJECT TO THE RULES AND REGULATIONS OF THE STATE HIGHWAY PATROL AND THE LUCAS COUNTY SHERIFF.

SPECIAL CONDITIONS \_\_\_\_\_  
 \_\_\_\_\_

ALL THE ABOVE CONDITIONS AND REGULATIONS ARE HEREBY AGREED TO AND ACCEPTED BY

SIGNATURE OF APPLICANT *Carl Hays* DATE 1-18-17

**PLEASE ATTACH CERTIFICATE OF LIABILITY AND PROPERTY DAMAGE INSURANCE IF NOT ON FILE.**

RECOMMENDED BY *[Signature]* DATE 1-18-17

APPROVED BY *Keith Earley* DATE 1-18-17  
 KEITH EARLEY LUCAS COUNTY ENGINEER

THIS PERMIT ISSUED BY THE LUCAS COUNTY ENGINEER UNDER AUTHORITY GRANTED BY THE BOARD OF LUCAS COUNTY COMMISSIONERS AND/OR THE BOARD OF TOWNSHIP TRUSTEES.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/19/2016

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).

<b>PRODUCER</b> THE HOFFMAN GROUP 2 Berea Commons Suite 10 Berea OH 44017		<b>CONTACT NAME:</b> Jaclyn Caniglia <b>PHONE (A/C No. Ext):</b> (440) 826-0700 <b>FAX (A/C No.):</b> (866) 816-8479 <b>E-MAIL ADDRESS:</b> jcaniglia@thehoffmangrp.com	
<b>INSURED</b> Edwards Landclearing, Inc. 49090 Cooper Foster Road Amherst OH 44001		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Cincinnati Insurance Company NAIC # 10677 <b>INSURER B:</b> AGCS Marine Insurance Company 22837 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 16/17 **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 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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOO OTHER:			EPP0342647	7/31/2016	7/31/2017	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 Employee Benefits \$ 1,000,000
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			EPP0342647	7/31/2016	7/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EPP0342647	7/31/2016	7/31/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	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	EPP0342647	7/31/2016	7/31/2017	PER STATUTE OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
B	Leased/Rented Equipment			SML93056744	3/1/2016	3/1/2017	Per item limit 250,000 Aggregate limit 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Cincinnati form GA233 applies and provides: blanket additional insured status where required by written contract; per project aggregate applies; waiver of subrogation; primary and non contributory wording; provides ongoing and completed operations coverage. Auto Additional Insured by contract and Auto Waiver of Subrogation apply.

**CERTIFICATE HOLDER**

14192132829@fax.send2fax.c

The Lucas County Engineers  
 1049 S. McCord  
 Holland, OH 43528

**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

Jaclyn Caniglia/JMC

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