## TEMPORARY STREET PRIVILEGE PERMIT

Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-8184 http://www.cityoflacrosse.org

engineering@cityoflacrosse.org

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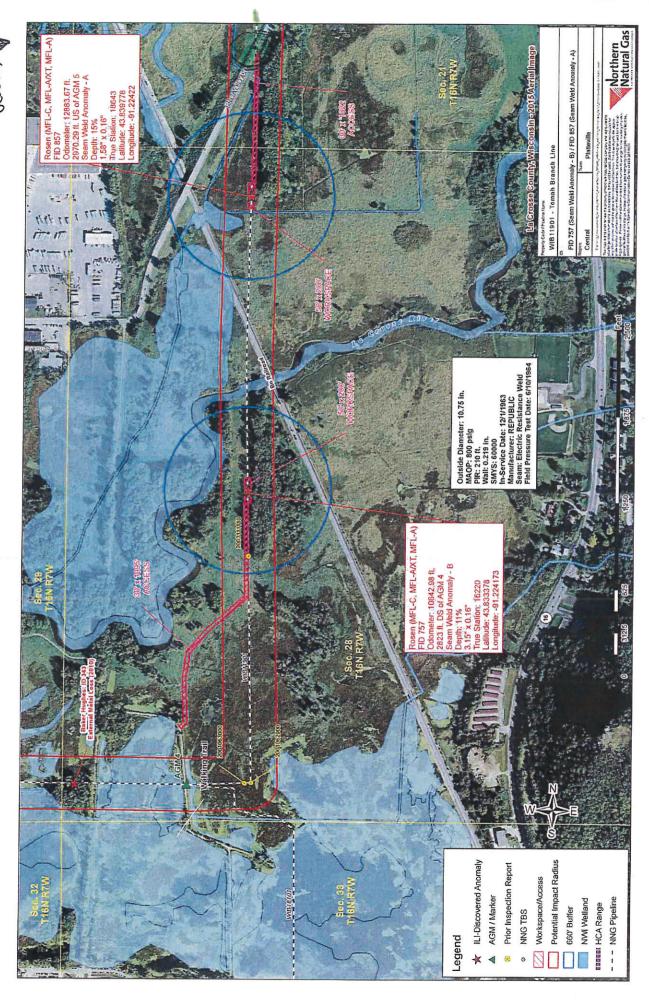
Date:

#, \L	TO THE OWNER OF THE OWNER OWNER OF THE OWNER	STATUS	š:			Permit Type:		Parcel ID:	
	Addre City: Phone	ss: 112 Menda :651.45	THERN NA LO (entre La Height 16.1766 ( e Number (If A	Painte : S Cell:	GAS COMPANY DR. Suite 400 State: MU	Fax:	Zip Code: Email: Łw	55120 Wrly.Kroux On	y w com
	Area t	to be occ se for pe onal Cond	cupied: Tempo	raffic Lane(s)	Parking Lane( Parking Lane(  Pood Approach  Listing City of La C	s) Boulevar off read e	d Sidewalk	Alley	
	Invoice Permit Comme	issued b	у:	Fee: \$ (\$35.00 f	irst 5 days, \$2.00 e	ach additional da	у)		
he u	ndersigr	ned unde	erstands and a	grees to the	following: 1) The per	mitted work shal	comply with all p	ermit provisions ar	ıd

conditions listed on and attached to this form; 2) That insurance requirements shall be met prior to approval either by submitting information with application or by keeping current information on file with the Engineering Dept.; 3) The applicant shall contact City Dispatch and the City Traffic Engineer 24 hours prior to the closure of any traffic lanes and shall provide an estimate of the duration of the closure. Temporary traffic control shall be provided and maintained by the applicant and shall comply with Part 6 of the Manual on Uniform Traffic Control Devices (MUTCD).

Note: Once invoiced, application fees may not be refunded. Details of permit, including dates, may be modified with approval of the Engineering Department.

PRINT) AUTHORIZED REPRESENTATIVE	Dight of way agent	DATE DATE
(SIGN) AUTHORIZED REPRESENTATIVE	Right of way agant.	10/11/16



Northern Natural Gas FID 1064, 1082, 1192, 1260 - External Metal Loss (Cluster) WIB11901 - Tomah Branch Line lst.
River valdly pa. Potential Impact Radius

660 Buffer

NVI Wetland \* ILI-Discovered Anomaly Prior Inspection Report Workspace/Access A AGM / Marker - - NNG Pipeline ununun HCA Range NNG TBS Legend 0

Canningham St.



October 12, 2016

City of La Crosse Attn: Engineering Department 400 La Crosse Street La Crosse, WI 54601-3396

RE: Evidence of Coverage – Excavation within Right-of-Way Permit

Northern Natural Gas Company

Dear Sir or Madam:

One of Berkshire Hathaway Energy entities has been requested to supply you with evidence of insurance coverage. This is to advise that Berkshire Hathaway Energy and its subsidiaries have a self-insured retention that is in excess of the limits of coverage you are requesting.

Accordingly, we trust that Berkshire Hathaway Energy's financial strength will suffice to provide you the assurance needed with any agreement Northern Natural Gas Company has with you. Should you have any questions concerning insurance information required, please contact the undersigned.

Sincerely,

Aaron Henrichs

Supervisor, Corporate Insurance

Direct Phone (515) 281-2416

Encl.



## CERTIFICATE of SELF-INSURANCE / FINANCIAL RESPONSIBILITY

ISSUED BY:

Northern Natural Gas Company

Attn: Risk & Insurance Management 666 Grand Avenue, P.O. Box 657 Des Moines, Iowa 50306

515-281-2416

This statement is to certify that **Northern Natural Gas Company**, a Berkshire Hathaway Energy entity, maintains financial resources available to pay losses, either fully self-insured, or through a combination of self-insured and commercially insured funds, in amounts not less than stated as follows:

Type of Coverage or Self-Insured Peril

Amount

GENERAL LIABILITY

Premises & Operations

Products & Completed Operations

Contractual Liability

Includes all operations by Northern Natural Gas

Additional Insured

Not less than

\$1,000,000/occurrence

AUTOMOBILE LIABILITY

Any vehicle owned or operated

by Northern Natural Gas

Not less than

\$1,000,000/occurrence

**PROPERTY** 

Value of Insured Property

EMPLOYERS LIABILITY

Not less than

\$1,000,000/occurrence

WORKERS COMPENSATION

Statutory

Program of self-insurance or commercially insured funds for all states in which we conduct business

This certification shall remain valid and reliable unless specifically rescinded in writing by the undersigned or other qualified representative of **Northern Natural Gas Company**. Further, this certification is for the sole information of the certificate holder depicted below and no other. This is informational only, and confers no rights upon the certificate holder nor any specific obligation upon the issuer.

CERTIFICATE HOLDER:

City of La Crosse

Attn: Engineering Department

400 La Crosse Street La Crosse, WI 54601-3396

By: Aaron Henrichs - Supervisor, Corporate Insurance

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Date: October 12, 2016