

CITY OF WICHITA, KANSAS

OVERSIZE - OVERWEIGHT PERMIT - SINGLE TRIP

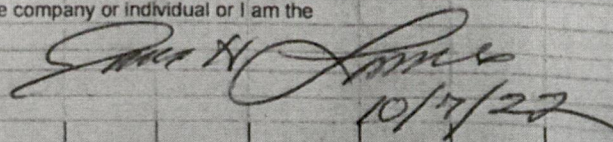
No.

Name of Mover	Street Address, City, State			Tel. No.
DIVERSE Motor Transit	25393 CR 327 URBANA MO			417 327 7210
Towing Vehicle is a	State and License No.			Licensed Capacity
WESTERN STAR	42AN7Z MO			85,500
Towed Vehicle is a	State and License No.			No. of Axes
				4
<input checked="" type="checkbox"/> Semi-Trailer <input type="checkbox"/> Pole-Trailer <input type="checkbox"/> Full Trailer <input type="checkbox"/> Mobile Home	26L3NN MO			2
Permit Requested for	Dimensions of Vehicles and Loads			Total Weight of Vehicle and Load
				85,250
<input type="checkbox"/> Overlength <input checked="" type="checkbox"/> Overwidth <input type="checkbox"/> Overheight <input type="checkbox"/> Overweight	Length * Width Height 75-6L 15-9W 13-11 H			
Name of Company Insuring Towing Vehicle	City, State			Policy No.
NOAH LANDS	NECHDA, MO			WN316660
Amount of Property Damage Insurance	Amount of Public Liability Insurance			
SEE INSURANCE CERT				
Starting Point	Destination			
I 135	17th N EMPORIA WICHITA, KS			
Route To Be Followed				
Hydraulic / 29th S - Broadway - 17th ST				
Date of Move	Permit Fee	Received By	How paid	
10/10/22 10/12/22	\$55.00		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Billed <input type="checkbox"/> On Account	
Additional Regulations				

This permit is granted subject to all regulations contained in the current General Policy for Issuance of Special Permits of the City of Wichita, Kansas. NOTE: All other local and Kansas Department of Transportation regulations must be complied with.

I certify that the above information is true and correct and that I am acting as agent for the above company or individual or I am the owner of the towing vehicle. I hereby agree to abide by all of the regulations of this permit.

Authorized By

10/17/22

WICHITA PBLC WRK ENGIN

455 N MAIN

WICHITA, KS 67202

10/12/2022

09:15:09

CREDIT CARD

VISA SALE

Card # XXXXXXXXXXXXX7962

SEQ #: 3

Batch #: 1649

INVOICE 3

Approval Code: 012229

Entry Method: Manual

Mode: Online

Avs Code: NYZ

SALE AMOUNT \$55.00

CUSTOMER COPY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/07/2022

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 have ADDITIONAL INSURED provisions or 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 Nevada Insurance Agency 300 S. Johnson Dr. P. O. Box Q Nevada MO 64772	CONTACT NAME: Grace Jackson PHONE (A/C, No, Ext): (800) 527-0808 FAX (A/C, No): (417) 667-3041 E-MAIL ADDRESS: gjackson@nevadains.com																					
INSURED James H Lammers, DBA: Diverse Motor Transit 25393 CR 327 Urbana MO 65767	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Northland Ins. Co.</td><td>24015</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Northland Ins. Co.	24015	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES **CERTIFICATE NUMBER:** 21-22 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			WN316660	12/27/2021	12/27/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			WN316660	12/27/2021	12/27/2022	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Underinsured motorist</td><td>\$ 50,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Underinsured motorist	\$ 50,000				
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	EACH OCCURRENCE	\$																			
	AGGREGATE	\$																			
	\$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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	E.L. EACH ACCIDENT	\$																			
	E.L. DISEASE - EA EMPLOYEE	\$																			
E.L. DISEASE - POLICY LIMIT	\$																				
A	Cargo Coverage			WN316660	12/27/2021	12/27/2022	<table border="1"><tr><td>Limit of Insurance</td><td>\$1,000,000</td></tr><tr><td>Deductible</td><td>\$2,500</td></tr></table>	Limit of Insurance	\$1,000,000	Deductible	\$2,500										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CO. A PHYSICAL DAMAGE - WN316660 - 12/27/2021 TO 12/27/2022 - \$1000 DEDUCTIBLE COMPREHENSIVE & COLLISION.

CERTIFICATE HOLDER

City of Wichita

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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Zapote, Virginia

From: Smith, Andrew
Sent: Friday, October 7, 2022 4:04 PM
To: Jim Lammers
Cc: Zapote, Virginia
Subject: RE: Permit form
Attachments: 21-22 Liability - 25.pdf

Jim, Your route is approved. Virginia will get in touch with you on Monday and collect payment via credit card for payment. Virginia his phone number is 417-327-7210. This is for electrical equipment to 1764 N Emporia on Tuesday morning. See picture for the permit form.

Thanks,

Andrew Smith

Engineering Tech 2

City of Wichita

268-4275

asmith@wichita.gov

From: Jim Lammers <diversetransit@yahoo.com>
Sent: Friday, October 7, 2022 3:54 PM
To: Smith, Andrew <ASMITH@wichita.gov>
Subject: Permit form

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thanks. Jim