## CITY OF LAKE FOREST

DEPARTMENT OF PUBLIC WORKS

## TRANSPORTATION PERMIT



In compliance w	ith your rooms	act and publica	t to all at th			Permit \	Inlide		I Dave	nit bleemala				
In compliance with your request and subject to all of the terms and conditions and restrictions written below and the					12/19/2022					Permit Number:				
attachments, permission is hereby granted to:					From: 12/16/2023									
Transporter:					To: 12/17/2024 TR					TRAI	AN-62517			
Address:				Movin	Moving Authorized: 7am - Sunset (except peak hours per provisions)  Attachmen					chment	s: Permit Pro	visions		
Oitu/Otata /Zia		****		No M	pt pe: lovina	ak hours : Saturd	s per p av. Su	rovisions) Indav. City	"""		o. 1 o	11010110	•	
City/State /Zip:					No Moving: Saturday, Sunday, City Holidays									
Phone:	,	THE STATE OF THE S		Load or	Load or Equipment and Model Number:									
	- 1	LINKBELT CRANE CARRIER												
Fax:		V		LIIVI	LINKDELT CRANE CARRIER									
				□ HAI	☐ HAUL ☑ DRIVE ☐ TOW									
Description of Ha	uling Equipme	nt:		·	Lice	nse Nu	nber:			•	*****			
6 AXLE	TRUCK	CRANE	CARR	IER	ER 7SQA095 (UNIT 12094)									
LOADE	D DIMENSION	VS DIFFEREN	T THAN OF	R WEIGHTS	EXC	EEDING	THOS	SE SHOWN	BELOV	VARE N	OT AUTHORIZ	ED		
	VEHICLE WIDTH	H:		KINGPIN	KINGPIN TO LAST AXLE: COMB. VEH					MB. VEHIC	CLE LENGTH:			
		12' 0"			N/A					44' 11"				
AXLE NUMBER	1	2				5		6		7	8	9	3	
NUMBER TIRES PER AXLE	2	2	2	4		4		4						
DISTANCE BETWEEN AXLES	5'	0" 5'	" 5'1" 14			11"	5'	1"						
WIDTH OF AXLES AT TIRE SIDEWALL	11' 0"	11' 0"	11' 0'	" 12"	0"	12'	0"	12' 0"		<u>I</u>	1			
MAXIMUM ALLOWABLE WEIGHT	MAXIMUM ALLOWABLE 50.700													
LOADED HEIGHT:	LOAI	DED WIDTH:		LOADED OVE	DADED OVERALL LENGTH: LOADED OVERHANG:						WEIGHT CLASS:			
11'9"   12'0"					44' 11" NO				NIE	NE PURPLE				
ORIGIN: VARIOUS					DESTINATION:									
	*******	VARIOUS												
AUTHORIZED CITY ROUTE (OTHER CITY, COUNTY AND/OR STATE PERMITS MAYBE REQUIRED):														
			11 A	NNUA	LF	PERN	AIT	11						
ALL APPRO	VED TR	UCK RO	JTES A	ND AD.	JAC	ENT	STF	REETS F	RON	ANI	о то јов	SITE	3	
							•							
PILOT CAR REQ			S 🛛 NO	********										
☐ WIDTH EXCEEDING 12'(REAR PILOT) ☐ WIDTH EXCEEDING 14'(FRONT & REAR PILOT) ☐ HEIGHT EXCEEDING 14- (FRONT PILOT WNERTICAL MEASUR							AL MEASURIN	G DEVI	ICE)					
FEE: NUMBER OF TRIPS: APP					PPLICANT SIGNATURE:						DATE:			
\$ 92.96 MULTIPLE											12/13/2023			
☐ CASH	AUTHORIZED	THORIZED CITY AGENT:					DATE:							
☐ CASH ☐ CHECK NO AU											12/13/2023			





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/10/2023

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).

	A	III OTILLITI			
		INSURER F			
		INSURER E			
		INSURER D			
		INSURER C			
INSURED		INSURER B			
INSURED	RRAGINIV-01				
		INSURER A			
			INSURER(S) AFFORDING	COVERAGE	NAIC#
	-	E-MAIL ADDRESS			
		PHONE (A/C, No. Ext)		FAX (A/C, No)	
PRODUCER		CONTACT NAME			
		CONTLOT	1-7-		

COVERAGES CERTIFICATE NUMBER: 715587416 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   ADDLISUBRI   POLICY EFF   POLICY EXP							
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
В	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	DLJ-GL-00000531-01	7/15/2023	7/15/2024	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	X Hook Liability						MED EXP (Any one person)	\$ 10,000
	Over The Road ME						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE L MIT APPL ES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						Washington Stop Gap	\$ 1,000,000
C	AUTOMOBILE LIABILITY		Υ	152301-10-97-34-4	7/15/2023	7/15/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
_ ^	X ANY AUTO			XA-000002-03	7/15/2023	7/15/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	UMBRELLA LIAB X OCCUR	Υ	Υ	DLJ-EX-00000-155-03	7/15/2023	7/15/2024	EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T N	N/A					E.L. EACH ACC DENT	\$
	(Mandatory in NH)	17.6					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCR PTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

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

Re: City of Lake Forest Civic Center; 20772 Civic Center Dr, Lake Forest, CA 92630. City of Lake Forest, are named as additional insured when required by written contract per the attached endorsements. Coverage is primary/non-contributory when required by written contract per the attached endorsement. Waiver of Subrogation applies to GL/Auto/Ex when required by written contract per the attached endorsements. Excess policy is follow form over the General, Auto, and Employer Liability policies, including Hook Liability;

CERTIFICATE HOLDER	CANCELLATION						
City of Lake Forest 25550 Commerce Centers Dr	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Lakeforest CA 92630 USA	AUTHORIZED REPRESENTATIVE						