



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/27/2024

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).

| <b>PRODUCER</b><br>Elliott Powell Baden and Baker Inc.<br>An ISU Network Member<br>1521 SW Salmon Street<br>Portland<br>OR 97205-1783 |        | <b>CONTACT NAME:</b> Ronni Phillips<br><b>PHONE (A/C No. Ext.):</b> (503) 227-1771<br><b>FAX (A/C No.):</b> (503) 274-7644<br><b>E-MAIL ADDRESS:</b> rphillips@epbb.com   |  |         |        |   |       |  |  |                             |  |                             |  |            |  |            |  |
|---|--------|---|--|---------|--------|---|-------|--|--|-----------------------------|--|-----------------------------|--|------------|--|------------|--|
| <b>INSURED</b><br>ANTFARM Inc.<br>39140 Proctor Blvd<br>Sandy<br>OR 97055   |        | <b>INSURER(S) AFFORDING COVERAGE</b><br><table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Great American Assurance Company</td> <td>26344</td> </tr> <tr> <td>INSURER B: Great American Alliance Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C: SAIF Corporation</td> <td></td> </tr> <tr> <td>INSURER D: Coalition Ins Co</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> |  | INSURER | NAIC # | INSURER A: Great American Assurance Company | 26344 | INSURER B: Great American Alliance Insurance Company |  | INSURER C: SAIF Corporation |  | INSURER D: Coalition Ins Co |  | INSURER E: |  | INSURER F: |  |
| INSURER   | NAIC # |   |  |         |        |   |       |  |  |                             |  |                             |  |            |  |            |  |
| INSURER A: Great American Assurance Company   | 26344  |   |  |         |        |   |       |  |  |                             |  |                             |  |            |  |            |  |
| INSURER B: Great American Alliance Insurance Company  |        |   |  |         |        |   |       |  |  |                             |  |                             |  |            |  |            |  |
| INSURER C: SAIF Corporation   |        |   |  |         |        |   |       |  |  |                             |  |                             |  |            |  |            |  |
| INSURER D: Coalition Ins Co   |        |   |  |         |        |   |       |  |  |                             |  |                             |  |            |  |            |  |
| INSURER E:  |        |   |  |         |        |   |       |  |  |                             |  |                             |  |            |  |            |  |
| INSURER F:  |        |   |  |         |        |   |       |  |  |                             |  |                             |  |            |  |            |  |

**COVERAGES** **CERTIFICATE NUMBER:** 24-25 GLAL U EO Ab Cy **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 SUBR INSD WVD              | POLICY NUMBER        | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---------------------------------|----------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Professional Liability \$1m/\$3m<br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER |                                 | PAC4502644           | 08/25/2024              | 08/25/2025              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>Abuse or Molestation- \$ 1m/\$3m<br>COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$ |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                                 | CAPE873595           | 08/25/2024              | 08/25/2025              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |                                 | UMB4502645           | 08/25/2024              | 08/25/2025              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> | 100037709            | 08/01/2024              | 08/01/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E L EACH ACCIDENT \$ 1,000,000<br>E L DISEASE - EA EMPLOYEE \$ 1,000,000<br>E L DISEASE - POLICY LIMIT \$ 1,000,000  |
| D        | NetWork & Information Security Liability<br>Full Prior Acts, Continuity 8/25/22  |                                 | C4LTY145255CYBER2024 | 08/25/2024              | 08/25/2025              | Retention \$5,000   |

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

## CERTIFICATE HOLDER

For Information Only

## 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

© 1988-2015 ACORD CORPORATION. All rights reserved.



# APPLICATION AND PERMIT TO OCCUPY OR PERFORM OPERATIONS UPON A STATE HIGHWAY

See Oregon Administrative Rule, Chapter 734, Division 55

PERMIT NUMBER

CLASS :

KEY#

| GENERAL LOCATION   |  |  |  | PURPOSE OF APPLICATION<br>(TO CONSTRUCT/OPERATE/MAINTAIN)   |      |                      |
|--|--|--|--|---|------|----------------------|
| HIGHWAY NAME AND ROUTE NUMBER<br>US-26/26/Mt. Hood   |  |  |  | <input type="checkbox"/> POLE LINE  | TYPE | MIN. VERT. CLEARANCE |
| HIGHWAY NUMBER<br>US-26  | COUNTY<br>Clackamas  |  |  | <input type="checkbox"/> BURIED CABLE   | TYPE |                      |
| BETWEEN OR NEAR LANDMARKS<br>Scales Ave, within the city of Sandy  |  |  |  | <input type="checkbox"/> PIPE LINE  | TYPE |                      |
| HWY. REFERENCE MAP   | DESIGNATED FREEWAY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IN U.S. FOREST<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | <input type="checkbox"/> NON-COMMERCIAL SIGN AS DESCRIBED BELOW   |      |                      |
| APPLICANT NAME AND ADDRESS<br>AntFarm dba Mt. Hood Farmers Market<br>39140 Proctor Blvd<br>Sandy, OR 97055 |  |  |  | <input type="checkbox"/> MISCELLANEOUS OPERATIONS AND/OR FACILITIES AS DESCRIBED BELOW  |      |                      |
|  |  |  |  | <b>FOR ODOT USE ONLY</b><br>BOND REQUIRED REFERENCE: AMOUNT OF BOND<br><input type="checkbox"/> YES <input type="checkbox"/> NO OAR 734-055-0035(2)<br>INSURANCE REQUIRED REFERENCE: SPECIFIED COMP. DATE<br><input type="checkbox"/> YES <input type="checkbox"/> NO OAR 734-055-0035(1) |      |                      |

## DETAIL LOCATION OF FACILITY (For more space attach additional sheets)

| MILE<br>POINT | MILE<br>TO<br>POINT | ENGINEERS<br>STATION | ENGINEERS<br>TO<br>STATION | SIDE OF HWY OR<br>ANGLE OF CROSSING | DISTANCE FROM  |          | BURIED CABLE OR PIPE |               | SPAN<br>LENGTH |
|---------------|---------------------|----------------------|----------------------------|-------------------------------------|----------------|----------|----------------------|---------------|----------------|
|               |                     |                      |                            |                                     | CENTER OF PYMT | R/W LINE | DEPTH/VERT.          | SIZE AND KIND |                |
| 24.1          | 24.15               |                      |                            | BOTH                                |                |          |                      |               |                |

DESCRIPTION OF DESIRED USE

### SPECIAL PROVISIONS (FOR ODOT USE ONLY)

#### TRAFFIC CONTROL REQUIRED

☒ YES [OAR 734-055-0025(6)] ☐ NO

#### OPEN CUTTING OF PAVED OR SURFACED AREAS ALLOWED

☒ YES [OAR 734-055-0100(2)] ☐ NO [OAR 734-055-0100(1)]

- AT LEAST 48 HOURS BEFORE BEGINNING WORK, THE APPLICANT OR HIS CONTRACTOR SHALL NOTIFY THE DISTRICT REPRESENTATIVE Josey Allen AT PHONE NO.: 503-665-4006 OR EMAIL OR FAX THIS PAGE TO THE DISTRICT OFFICE AT: D2Cup@Odor.Oregon.Gov. SPECIFY TIME AND DATE WORK IS TO OCCUR.
- A COPY OF THIS PERMIT AND ALL ATTACHMENTS SHALL BE AVAILABLE AT THE WORK AREA DURING CONSTRUCTION.
- ATTENTION: Oregon Law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth in OAR 952-001-0001 through OAR 952-001-0090. You may obtain copies of the rules by calling the center at (503) 232-1987.

CALL BEFORE YOU DIG 1-800-332-2344

### COMMENTS (FOR ODOT USE ONLY)

At the time of lane and/or complete roadway closure and again when the lane and/or complete roadway is opened on a state highway the Applicant or their Contractor is required to notify ODOT Traffic Management Operations Center (TMOC) 503-283-5859. If during the course of their permitted work the Applicant or their Contractor come across personal property in their work zone they need to contact their permit specialist. The personal property may not be removed by the Applicant or their Contractor. ODOT is not responsible to collect and dispose of sharps or biohazard material found within the project limits.

IF THE PROPOSED APPLICATION WILL AFFECT THE LOCAL GOVERNMENT, THE APPLICANT SHALL ACQUIRE THE LOCAL GOVERNMENT OFFICIAL'S SIGNATURE BEFORE ACQUIRING THE DISTRICT MANAGER'S SIGNATURE.

|   |                            |   |                               |
|---|----------------------------|---|-------------------------------|
| LOCAL GOVERNMENT OFFICIAL SIGNATURE<br><b>X</b>   |                            | TITLE                                       | DATE                          |
| APPLICANT SIGNATURE<br><i>Josey Allen</i>   | APPLICATION DATE<br>4/7/25 | TITLE<br>District Manager or Representative | TELEPHONE NO.<br>503 482-9358 |
| When this application is approved by the Department, the applicant is subject to, accepts and approves the terms and provisions contained and attached and the terms of Oregon Administrative Rules, Chapter 734, Division 55, which is by this reference made a part of this permit. |                            | <b>X</b>                                    | APPROVAL DATE                 |



# Scales Road Closure

2CM40471

Legend

