

Lincoln County Highway Department

221 N Wallace Avenue

Ivanhoe MN 56142

Phone (507) 694-1464 Fax (507) 694-1101

APPLICATION FOR CLOSURE OF COUNTY ROADS PERMIT

Name of Organization: _____

Representative of Organization:

Event: _____

Address: _____

Telephone: _____ Fax: _____

Time(s)/Date(s) of Road Closure:

The undersigned hereby makes application for a permit to temporarily close
County Highway No. _____

at the location of
_____.

This permit does not in any way relieve the applicant of liability for damages
caused to the road, or resulting from
traffic accidents that may in any way be related to the permit. All damages,
claims, or adjustments shall be the
responsibility of the party requesting and signing the permit. It is understood
that the County Highway is to be
restored to its original condition.

HOLD HARMELSS AGREEMENT CLAUSE

The applicant agrees to indemnify, hold harmless, and defend the County of
Lincoln and the State of
Minnesota, its officials, agents, servants, and employees from payment of any
sum or sums of money to any persons
whomsoever, for all attorney fees, costs of investigation, and of defense,
claims, actions, or suits growing out of
injuries, including death, to persons or property damage caused by the
applicant's employees act of closure of
County Highway No. _____ for the following purpose:

It is further the intent of this Agreement to hold the applicant responsible for the payment of any and all claims, suits, or liens due to any negligent act, error, or omission by the applicant's employees which may be in any way attributable to or asserted against the County of Lincoln and the State of Minnesota and/or its officials, agents, servants, or employees as applicant's employees' act of closing the County Highway. In addition to holding the County and State harmless, the applicant will provide defense for the County and State, its officials, agents, servants, and/or employees, and will pay the costs of that defense of any legal action brought, due to acts or actions of the applicant's employees.

The applicant also agrees to provide general liability and property insurance in accordance with the following provisions: (A) The insurance shall be a standard general liability policy and shall be filed in the County Highway Department office. (B) Unless otherwise provided in writing, signed by the County, the limits of liability shall be as follows:

Coverage Limits of Liability

Bodily Injury Liability \$200,000.00 each occurrence
Property Damage Liability \$200,000.00 each occurrence

Physical Damage to Property \$200,000.00 each occurrence

Bodily Injury Liability \$600,000.00 aggregate

Property Damage Liability \$600,000.00 aggregate

Physical Damage to Property \$600,000.00 aggregate

(C) The insurance shall be in full force and effect before any road closure is performed on the County Highway.

(D) The applicant shall not cancel the insurance until the road closure for which it is required has been completed, and the County Highway has been reopened. The insurer shall provide notice to the County Highway Department prior to any termination. (E) A Certificate of Insurance shall be delivered to the County Highway Department at least 10 days in advance of the date of the road closure for which the insurance is required. (F) The applicant shall use the correct installation of barricades as outlined in the MN/DOT Temporary Traffic Control Zone Layouts Field Manual. (G) In case of an accident, the applicant agrees to contact the Lincoln County Highway Department and complete an accident investigation report.

Date

Applicant's Signature

Applicant's Name (Please print)

APPROVAL BY LINCOLN COUNTY ENGINEER

Approval is hereby given to

to temporarily close County Highway No. _____ as indicated above.

Dated at Ivanhoe, Minnesota, on the _____ day of _____, 20__.

Lincoln County Engineer

RESERVATION MADE WITH LINCOLN COUNTY HIGHWAY DEPARTMENT

To be completed by applicant:

Materials will be (delivered to) (picked up at the _____ shop by) the applicant on _____.

Materials will be (returned to the _____ shop by applicant) (picked up by County Highway Department) on _____.

Date Applicant Signature

Date Lincoln County Highway Maintenance Superintendent or County Engineer