



16

NAVARRO COUNTY ROAD AND BRIDGE DEPARTMENT

NAVARRO COUNTY COURTHOUSE

300 W. 3RD AVE. Suite 2

CORSICANA, TEXAS 75110

APPROVAL FORM FOR UTILITY EASEMENTS

Date: 10/24/25 28986959
Applicant: Oncor Electric Delivery - William Scoggins
Address: 777 Main St, Fort Worth, TX 76102
Phone #: 979.716.7038

Type of utility construction requested: (pipeline and product, cable and type, utility and type:
ONCOR to reconduct existing 2 phase overhead electric line to be 3 phase for reliability and increase capacity.

Name of Utility Company: Oncor Electric Delivery

Location of Utility Construction: (location map must be attached) (see attached map)

CR 2555 1025

Attach location map or drawing, description of proposed utility line and appurtenances fully shown with distance of utility lines being replaced or installed in relationship with County Roads. Show on map or drawing, the location of the length of bore and size of encasement that the utility line will be passing through.

Estimated start date of construction: 1/08/2026

Estimated completion date of construction: 4/10/2026

Contractors on Site:	
Great Southwestern Construction (Overhead) 4632 I-35W Alvarado, TX 76009 Patrick Rosas, Operations Manager 214.470.3060 prosas@myrgroup.com	Primoris T&D Services, LLC (Underground) 6831 N Interstate 35 Denton, TX 76207 Brandon Osborn, General Foreman (UG) 817.751.4625 BOosborn@prim.com

County of Navarro

Specifications for placing utilities within Navarro County Right-Of-Way

1. In the event it becomes necessary to alter or relocated the utility for which permission is sought, due to widening or improving the county road within the existing road easement at the point or along the route of said utility construction, applicant or its successor, if any, will perform the alteration or relocation at its own cost and expense, and said company will save and hold harmless Navarro County from any claims, or causes of action due to any claims for damages or injuries sustained by any person or property occasioned by its operation under this permit.
2. All road crossings will be bored unless a variance is granted.
3. All road crossings will at a minimum depth of 72" below the lowest existing grade.
4. All parallel utility construction will be a minimum depth of 72" below existing road grade.
5. All right-of-way disturbed by the utility construction will be restored daily to a condition that is as good or better than before construction.
6. In the event construction is delayed or halted by adverse weather conditions, labor stoppages or mechanical difficulties, the company will insure that all ditches are cleaned and will drain as good or better than before construction.
7. The County Commissioner of said Precinct may require the applicant to file a bond for road repairs and damage repairs in the amount the Commissioner determines to cover damage costs for said job. Upon completion of construction at a road crossing or parallel construction in the Right-of-way, contractor will notify the Commissioner so an inspection can be made.
8. A route map of any proposed pipeline together with cross sections shall be submitted with the application. All road crossings shall be located with GPS coordinates.
9. The applicant in consideration of the approval of this request by the Navarro County Commissioners Court does hereby agree, upon completion of the placement of the utilities as set forth in this request, to return the county road, its right-of-way and any improvements or additions to a condition which, in the opinion of the County Commissioner, equals or exceeds the condition in which said county road or right-of-way prior to the time construction started.
10. The applicant shall indemnify, defend, and hold Navarro County harmless from any obligation or claim for damages that may be alleged or any costs or expenses, including but not limited to, reasonable attorneys' fees arising from the applicant's emplacement of the object in the right-of-way which Navarro County may incur, or any claims Navarro County may be legally required to pay resulting from damages caused by the installation contemplated by this agreement. The applicant shall indemnify, defend, and hold Navarro County harmless at any future date for accidental damages to the above ground and/or buried utilities by road working equipment such as motor graders, posthole diggers, shredders, brush cutters, drainage ditch clearing equipment, etc. In the event such damages should occur, the applicant will be notified immediately.

The undersigned agrees that he has read and will abide by all requirements set forth in this form.

Signature of Applicant: William Scoggins

Date: 10/27/2025

NAVARRO COUNTY

By: _____

County Judge

Date: 11/10/25

By: _____

Commissioner of Precinct 3

Date: 11/10/25

ONCOR TO RECONDUCT EXISTING 2 PHASE OVERHEAD
ELECTRIC LINE TO BE 3 PHASE FOR RELIABILITY AND
INCREASED CAPACITY

[illegible]



2026NCOR002 CORSICANA WEST SUB
SOLUTIONS: \$1.1, \$2
WO: 28986959

DATE: 10/21/2025	
SHEET: ANSI B	Scale: As Shown
MANAGER: K. PECK	
AEGIS: AEGIS	
CAD: M. HOUSE	
OVERVIEW	



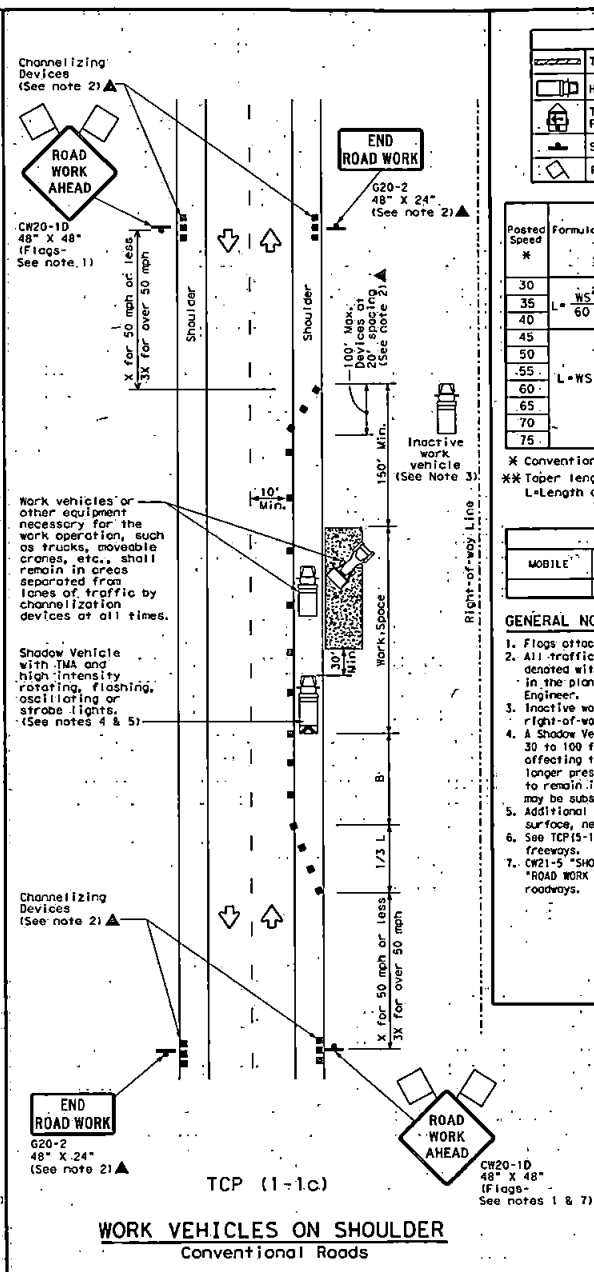
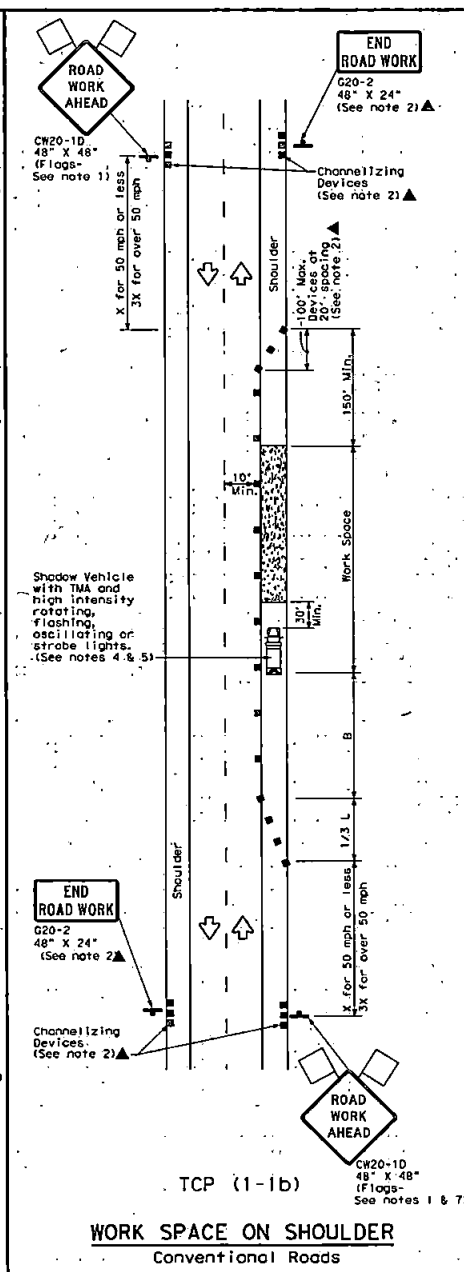
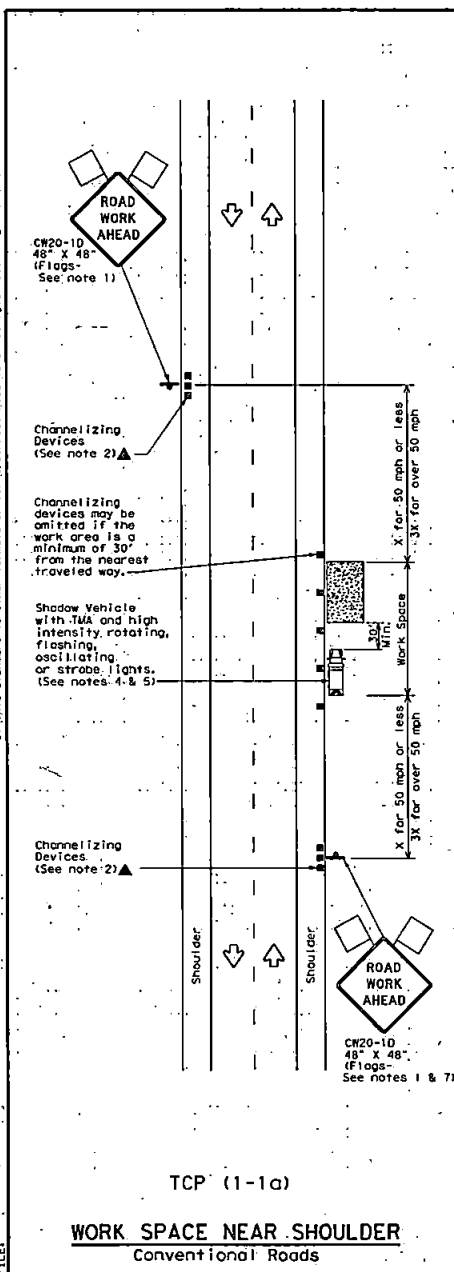
THIS DRAWING IS THE PROPRIETARY AND CONFIDENTIAL PROPERTY OF ONCOR AND IS INTENDED FOR REVIEW PURPOSES ONLY.

FIRM: F-1394

COORDINATE SYSTEM: TX83-NG CITY: CORSCANA COUNTY: MANASSA	<p>ONCOR TO RECONDUCT EXISTING 2 PHASE OVERHEAD ELECTRIC LINE TO BE 3 PHASE FOR RELIABILITY AND INCREASED CAPACITY</p> <p>  M&S ENGINEERING CIVIL / ELECTRICAL / STRUCTURAL / MEP TRAIL BLAZERS ENGINEERING, LLC • 1998 </p>	<p>  </p>	<p>2026NCOR002 CORSICANA WEST SUB</p> <p>SOLUTIONS: S1.1, S2</p> <p>WO: 28986959</p>	<p>DATE: 10/21/2025</p> <p>SHEET: ANS B Scale: As Shown</p> <p>MANAGER: K PECK</p> <p>AEQIS: AEQIS</p> <p>CAD: M. HOUSS</p> <p>SHEET: 1 OF 1</p>
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DATE: FILE:



LEGEND			
	Type 3 Barricade		Channelizing Devices
	Heavy Work Vehicle		Truck Mounted Attenuator (TMA)
	Trailer Mounted Flashing Arrow Board		Portable Changeable Message Sign (PCMS)
	Sign		Traffic Flow
	Flag		Flagger

Posted Speed MPH	Formula	Minimum Desirable Taper Lengths X M	Suggested Maximum Spacing of Channelizing Devices	Minimum Sign Spacing X Distance	Suggested Longitudinal Buffer Space B'
30	$L = \frac{WS^2}{60}$	150'	30'	120'	90'
35		205'	35'	160'	120'
40	$L = WS$	255'	40'	240'	155'
45		450'	45'	320'	195'
50	$L = WS$	500'	50'	400'	240'
55		550'	55'	500'	295'
60	$L = WS$	600'	60'	600'	350'
65		650'	65'	700'	410'
70	$L = WS$	700'	70'	800'	475'
75		750'	75'	900'	540'

* Conventional Roads Only
** Taper lengths have been rounded off.
L=Length of Taper (FT) W=Width of Offset (FT) S=Posted Speed (MPH).

TYPICAL USAGE			
MOBILE	SHORT DURATION	SHORT TERM STATIONARY	LONG TERM STATIONARY
	✓	✓	

- GENERAL NOTES:**
- Flags attached to signs where shown are REQUIRED.
 - All traffic control devices illustrated are REQUIRED, except those denoted with the triangle symbol may be omitted when stated elsewhere in the plans, or for routine maintenance work, when approved by the Engineer.
 - Inactive work vehicles or other equipment should be parked near the right-of-way line and not parked on the paved shoulder.
 - A Shadow Vehicle with a TMA should be used anytime it can be positioned 30 to 100 feet in advance of the area of crew exposure without adversely affecting the performance or quality of the work. If workers are no longer present but road or work conditions require the traffic control to remain in place, Type 3 Barricades or other channelizing devices may be substituted for the Shadow Vehicle and TMA.
 - Additional Shadow Vehicles with TMAs may be positioned off the paved surface, next to those shown in order to protect wider work spaces.
 - See TCP15-11 for shoulder work on divided highways, expressways and freeways.
 - CW21-5 "SHOULDER WORK" signs may be used in place of CW20-10 "ROAD WORK AHEAD" signs for shoulder work on conventional roadways.

Texas Department of Transportation
TRAFFIC CONTROL PLAN
CONVENTIONAL ROAD
SHOULDER WORK

TCP(1-1)-18

FILE: tcp(1-1)-18.dgn	DATE: 12/01/95	DESIGNED BY: []	CHECKED BY: []	DATE: []
REVISIONS	NO.	DATE	BY	REASON
2-94 4-95	1	12/01/95	[]	ADDED
8-95 2-12	2	02/12/96	[]	REVISED
1-97 2-18	3	02/18/97	[]	REVISED

DIST: COUNTY: SHEET NO.:



CERTIFICATE OF LIABILITY INSURANCE

2/28/2026

DATE (MM/DD/YYYY)

10/22/2025

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	Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City, MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:
	INSURED 1548319 PRIMORIS T&D SERVICES, LLC 6831 N INTERSTATE 35 DENTON TX 76207	INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Fire Insurance Company 19682 INSURER B: Upland Specialty Insurance Company 16988 INSURER C: Property and Casualty Ins Co of Hartford 34690 INSURER D: Twin City Fire Insurance Company 29459 INSURER E: The Travelers Lloyds Insurance Company 41262 INSURER F:

COVERAGES CERTIFICATE NUMBER: 22533691 REVISION NUMBER: XXXXXXXX

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	37CSEQU3414	2/28/2025	2/28/2026 EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	37CSEQU3415	2/28/2025	2/28/2026 COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX PHYS DMG DED \$ 250,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S	Y	N	USXS1.0136825	2/28/2025	2/28/2026 EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ XXXXXXXX
C D D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	37WNU3411 (AOS) 37WBROU3412 (WI) 37XWEQU3410	2/28/2025 2/28/2025 2/28/2025	2/28/2026 2/28/2026 2/28/2026 X PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEES \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	LEASED/RENTED EQUIPMENT	N	N	QT6307W349628TLC25	2/28/2025	2/28/2026 LIMIT: \$5,000,000 DEDUCTIBLE: \$100,000

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

\$1,000,000 DEDUCTIBLE APPLIES TO ALL OTHER STATES AND WISCONSIN WORKERS COMPENSATION POLICIES. POLICY NUMBER: 37XWEQU3410 HAS A \$ 500,000 SIR FOR THE STATES OF CALIFORNIA, LOUISIANA AND TEXAS. NAVARRO COUNTY IS AN ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY, AUTOMOBILE LIABILITY AND UMBRELLA/EXCESS LIABILITY, AND THESE COVERAGES ARE PRIMARY AND NON-CONTRIBUTORY, IF REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF THE ADDITIONAL INSURED APPLIES AS RESPECTS GENERAL LIABILITY, AUTOMOBILE LIABILITY AND WORKERS COMPENSATION/EMPLOYERS LIABILITY, IF REQUIRED BY WRITTEN CONTRACT AND WHERE ALLOWED BY LAW. COVERAGE IS SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

CERTIFICATE HOLDER

CANCELLATION See Attachment

22533691
NAVARRO COUNTY
300 W. 3RD AVENUE
SUITE 2
CORSCIANA, TX 75110

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2025

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 Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd Rolling Meadows IL 60008		CONTACT NAME: Mary Turner PHONE (A/C, No, Ext): 630-285-3822 FAX (A/C, No): 630-285-3922 E-MAIL ADDRESS: mary_turner@ajg.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		INSURER A: National Fire & Marine Insurance Co 20079	
		INSURER B: Berkley Assurance Company 39462	
		INSURER C: AGCS Marine Insurance Company 22837	
		INSURER D: Travelers Property Casualty Co of America 25674	
		INSURER E: The Travelers Indemnity Company of CT 25682	
		INSURER F: Travelers Casualty and Surety Company 19038	

COVERAGES**CERTIFICATE NUMBER:** 595041744**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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	VTJEXGL5809B782TIL25	9/30/2025	9/30/2026 EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	VTC2JCAP5809B794TIL25	9/30/2025	9/30/2026 COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductibles \$100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0	Y	Y	42UMO30293710	9/30/2025	9/30/2026 EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	UB9W6797912525K (AOS) UB9W6969602525R (MA & WI)	9/30/2025 9/30/2025	9/30/2026 9/30/2026 X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B C C	Pollution Liability Property Floater Contractors Equipment	Y	Y	PCADB502591610925 MXI93069373 MXI93069373	9/30/2025 9/30/2025 9/30/2025	9/30/2026 9/30/2026 9/30/2026 Each Claim/Aggregate \$5,000,000 See Below \$3,500,000 Leased/Rented Equip \$1,500,000

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

Policy #MXI93069373 - Property Floater - Covered Property - Materials of Others in the Care, Custody and Control of Named Insured

Additional Insured, Primary/Non-Contributory, Waiver of Subrogation and Loss Payee (with respect to Contractors Equipment) applies where required by written contract. Umbrella follows form over the General Liability, Automobile Liability and Employers Liability. 30 day notice of cancellation applies where required by written contract. A severability of interest/cross suits liability clause is included under the General Liability coverage where required by written contract. Boom, jib and overload exclusions are deleted.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

1200 Navarro County Road & Bridge Department
Navarro County Courthouse
300 W. 3rd Ave Suite 2
Corsicana TX 75110
USA

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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Great Southwestern Construction, Inc. 1100 Topeka Way Castle Rock, CO 80104
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Overhead and underground distribution powerline construction.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ONLY THOSE PERSONS OR ORGANIZATIONS WHERE REQUIRED BY WRITTEN CONTRACT.	ONLY THOSE LOCATIONS WHERE REQUIRED BY WRITTEN CONTRACT.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
ONLY THOSE PERSONS OR ORGANIZATIONS WHERE REQUIRED BY WRITTEN CONTRACT.	ONLY THOSE LOCATIONS WHERE REQUIRED BY WRITTEN CONTRACT.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OTHER INSURANCE – PRIMARY AND
NONCONTRIBUTORY WITH RESPECT TO CERTAIN
OTHER INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following replaces Paragraph 4.d., **Primary And Non-Contributory Insurance If Required By Written Contract**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

If you specifically agree in a written contract or agreement that the insurance afforded to an insured under this Coverage Part must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such insured which covers such insured as a named insured, and we will not share with that other insurance, provided that:

- (1) The "bodily injury" or "property damage" for which coverage is sought occurs; and
- (2) The "personal and advertising injury" for which coverage is sought is caused by an offense that is committed; subsequent to the signing of that contract or agreement by you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
EXTEND ENDORSEMENT FOR CONTRACTORS

The following replaces Paragraph D., **BLANKET WAIVER OF SUBROGATION**, in the **XTEND ENDORSEMENT FOR CONTRACTORS**:

D. BLANKET WAIVER OF SUBROGATION

The following is added to Paragraph 8., **Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

If the insured has agreed in a contract or agreement to waive that insured's right of recovery against any person or organization, we waive our right of recovery against such person or organization, but only for payments we make because of:

- a. "Bodily injury" or "property damage" that occurs; or
- b. "Personal and advertising injury" caused by an offense that is committed;
subsequent to the execution of the contract or agreement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE – CONTRACTORS

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM

PROVISIONS

1. The following is added to Paragraph c. in A.1., **Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

This includes any person or organization who you are required under a written contract or agreement, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".

2. The following is added to Paragraph B.5., **Other Insurance** of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Regardless of the provisions of paragraph a. and paragraph d. of this part 5. **Other Insurance**, this insurance is primary to and non-contributory with applicable other insurance under which an additional insured person or organization is a named insured when a written contract or agreement with you, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

The following replaces Paragraph **A.5., Transfer of Rights Of Recovery Against Others To Us**, of the **CONDITIONS** Section:

5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent

required of you by a written contract executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.



Berkshire Hathaway
Specialty Insurance

ENDORSEMENT

This endorsement, effective 12:01 AM: **09/30/2025**
Forms a part of Policy No.: **42-UMO-302937-10**
Issued to: **MYR Group Inc**
By: **National Fire & Marine Insurance Company**

WAIVER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY POLICY
COMMERCIAL UMBRELLA LIABILITY POLICY
COMMERCIAL RETAINED LIMIT LIABILITY POLICY
PRODUCTS/COMPLETED OPERATIONS LIABILITY POLICY

SCHEDULE

Name Of Person Or Organization:

Any person or organization that requires you to waive your rights of recovery, in a written and executed contract or agreement with you that is executed prior to the occurrence.

The following Condition is added to the policy:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a written and executed contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above. The **Transfer of Rights of Recovery** condition in the policy is deleted to the extent of the waiver provided in this endorsement for the person or organization shown in the Schedule above.

All other terms and conditions of this policy remain unchanged.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 03 13 (00) -**

POLICY NUMBER: UB-9W679791-25-25-K

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

Any Person or Organization for which the insured has agreed by written contract executed prior to loss to furnish this waiver.

DESIGNATED ORGANIZATION:

DATE OF ISSUE: 09 - 18 - 25

ST ASSIGN:



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 03 13 (00)-**

POLICY NUMBER: UB-9W696960-25-25-R

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

DESIGNATED PERSON:

Any Person or Organization for which the insured has agreed by written contract executed prior to loss to furnish this waiver.

DESIGNATED ORGANIZATION:

DATE OF ISSUE: 09-15-25

ST ASSIGN: