



City of Corvallis
PERMIT TO USE PUBLIC RIGHT-OF-WAY

Staff USE ONLY	
City Approval: <u>Ron Wheeler</u> Digitally signed by Ron Wheeler DN: cn=Ron Wheeler, email=ron.wheeler@corvallisoregon.gov, o=City of Corvallis, cn=Ron Wheeler Reason: I am approving this document Date: 2026.09.24 09:05:14 -07'00'	Date: <u>08/21/2026</u>
(Signature)	
Attachments:	
☒ Conditions of Approval	<u>N/A</u> Traffic Control Plan
☒ Insurance Requirements	☒ Certificate of Insurance
<u>N/A</u> Notification to Impacted Properties	<u>N/A</u> Crane Plan
Fee: <u>Fee waived per JM.</u>	Date Paid: <u>N/A</u>

Conditions and Department Approvals

1. Conditions of Permit:

Note and comply with all right-of-way permit terms and conditions.

Place signs and barriers to warn and protect the public.

Complete and sign City insurance requirements form.

Applicant:

Pamela Burner for
(Signature)
Oregon Conservation Corps

Date:

9/24/26

City of Corvallis
DEPARTMENT OF PUBLIC RIGHTS & WAY
TERMS AND CONDITIONS





City of Corvallis
PERMIT TO USE PUBLIC RIGHT-OF-WAY
TERMS AND CONDITIONS

1. Applicant shall comply with approved Traffic Control Plans.
2. All traffic control signing and barricades must conform to the latest edition of the Manual on Uniform Traffic Control Devices (MUTCD).
3. Applicant shall be responsible for securing and maintaining traffic control signing and barricades as outlined on the Permit/Map.
4. Street closures that require traffic to be detoured around the street closure will require the Applicant to obtain additional traffic control signs and barricades and to set the signs and barricades up according to the approved Traffic Control Plan.
5. In the event that the permit allows for a street closure, Applicant will maintain a 20-foot wide emergency vehicle access aisle in the street for the duration of the closure.
6. Applicant shall be responsible to mitigate and provide accessible parking spaces if impacted, as required by ADA National Network (adata.org).
7. Applicant shall complete the "ROW Notification to Impacted Properties" form, if applicable.
8. Applicant shall not use private parking spaces.
9. If parking is to be restricted, the provided "No Parking" signs **need to be placed 48 hours in advance of the event**.
10. Applicant shall coordinate with Republic Services: 541-754-0444 and United States Postal Service: 541-752-4358.
11. Applicant shall protect the existing structures and other improvements. Damage to any of existing structures shall be repaired and replaced by the Applicant at the Applicant's expense.
12. Applicant is responsible for insuring that the public right-of-way (ROW) is returned to its condition prior to the permitted activity. The Applicant shall not chalk, paint or otherwise mark the surface of bike paths, streets or sidewalk.
13. City reserves the right to revoke this permit without notice if the Applicant does not comply with the terms and conditions of the permit or if the City finds it causes an adverse impact to the public.



City of Corvallis
INSURANCE REQUIREMENTS
for Use of Public Right-of-Way

Applicant agrees to indemnify, protect, defend, and hold City, its officers, agents, volunteers, and employees harmless against any actions, claim for injury or damage and all loss, liability, cost or expense, including court costs and attorney's fees, arising out of or resulting directly or indirectly from the performance of this contract, except, to the extent not prohibited by ORS 30.140, for that resulting from the sole negligence of the City. Nothing in this agreement should be interpreted as imposing any liability on the City beyond the limits of the Oregon Tort Claims Act.

Applicant shall provide insurance as indicated. All policies must be of the occurrence form with combined single limit for bodily injury and property damage. The issuing insurance companies must have a minimum current A.M. Best rating of A- VII or approved by the City. Any deviation from this requirement must be reviewed and approved by the City Risk Manager.

The types of insurance Applicant is required to obtain, submit to the City and maintain for the full period of the permit will be:

Commercial General Liability insurance, including personal injury coverage, bodily injury (including accidental death) and property damage with limits specified below. Limits may be provided by Excess or Umbrella policy.

☐ \$1,000,000 per occurrence, \$2,000,000 general aggregate

☐ \$2,000,000 per occurrence, \$2,000,000 general aggregate

The following needs to be listed in the description on the Certificate of Insurance:

The City of Corvallis, its departments, divisions, officers, agents, volunteers and employees are named as an Additional Insured (and/or Subrogation is Waived) subject to the terms and conditions and/or respective to the work under this permit.

Applicant shall not cause or allow any insurance policy required above to be suspended, voided, canceled, reduced in coverage or in material limits except as agreed by City. Applicant agrees to have and maintain the policies, endorsements, certificates, and/or binders required under this permit. A lapse in any required insurance coverage during this contract shall be void of this permit.

Should any of the above-described policies be subject to cancellation or termination prior to the date of this event, Applicant shall notify the City in writing by certified mail, return receipt requested, 30 days prior to the cancellation or termination date of such policy.

Applicant shall furnish acceptable insurance certificates to City with Additional Insured endorsements required for each insurance policy signed by a person authorized by that insurer to bind coverage on its behalf. Coverage shall be primary and non-contributory with any other insurance and self-insurance. Certificates will be received and approved by City prior to its issuance of a Notice to Proceed. If additional insured status (or subrogation waiver) is requested, each line of insurance shall be marked in the appropriate box on the insurance certificate to indicate the policy endorsement ensuring the City of Corvallis, its departments, divisions, officers, agents, volunteers and employees are an Additional Insured (and/or Subrogation is Waived) subject to the terms and conditions and/or respective to the work under this permit. Insuring companies or entities are subject to City acceptance. Applicant shall be financially responsible for all pertinent deductibles, self-insured retention and/or self-insurance. All such deductibles, retention, or self-insurance must be declared to, and approved by, City.

Applicant Printed Name

Applicant Signature

Applicant Insurance Requirements

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Date

Updated November 2024



COMMSER-11

DTHEDE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2026

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 Hub International Northwest LLC 340 NW 5th Street Corvallis, OR 97330	CONTACT NAME:	
	PHONE (A/C, No, Ext): (541) 757-1321	FAX (A/C, No): (541) 757-1328
INSURED Community Services Consortium 250 Broadalbin St. Se Suite 2a Albany, OR 97321	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : City/County Insurance Services	
	INSURER B : SAIF Corporation	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		
NAIC #		
36196		

COVERAGES

CERTIFICATE NUMBER:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	X		26LCSC	7/1/2026	7/1/2027	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 15,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			26LCSC	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		496533	7/1/2026	7/1/2027	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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Corvallis is an additional member (insured)

CERTIFICATE HOLDER

CANCELLATION

City of Corvallis PO Box 1083 Corvallis, OR 97339	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 