

30 March 2015

TO: Inspection Supervisor, El Paso County PSD (MR Braun)

FROM: Director of Operations, Coalition for the Upper South Platte (CUSP)

Subject: Request for Work in the Right of Way Permit

Reference:

- (a) El Paso County Community Wildfire Protection Plan (CWPP), dated 6 October 2011.
- (b) State of Colorado "Community Wildfire Protection Plans", September 2012
- (c) U.S. Government "Title I, Healthy Forests Restoration Act (HFRA); enacted 3 December 2003.

Request a Permit to allow Coalition for the Upper South Platte (CUSP) to work in the Right of Way as depicted in Encls 1 and 2, beginning 31 March-14 April 2015.

CUSP is the Colorado State-recognized agency supporting the Mt. Herman Community Wildfire Protection Plan (CWPP) wildfire mitigation activities. CUSP and the Mt. Herman CWPP Organization are non-profit, Colorado State and Federally endorsed Community Wildland Fire Mitigation entities. Per Refs a-c, CUSP and the Mt Herman CWPP are working directly with Tri-Lakes/Monument Fire Protection District TLFPD on this key project to enhance Firefighter Safety and Response and Evacuation requirements.

CUSP is an occupationally insured organization, as seen in Encl 3. As the trained, resourced Community Support organization, CUSP is the Lead Agency in a series of connected Wildfire Mitigation projects along and in the requested ROW Permit area, for the requested time.

All Landowners whose property lines adjoin the requested ROW Permit area have provided signed "Licenses to Enter Upon Land and Release of Liability" to CUSP. All Landowners will also be on-hand on the days affecting their properties.

CUSP will have supervisory authority over all volunteers/workers covered by the E.P. County ROW Permit. On or about 4 April, the U.S. Air Force Academy Football Team will be providing CUSP volunteers for moving slash to CUSP personnel for chipping as part of the Academy's Community Outreach Program. We intend to employ Sawyer

Teams beforehand w/in the requested ROW Permit Area to drop/mitigate designated Gamble Oak trees encroaching in the ROW and creating a Class 4 Wildland Fuels risk.

Our Traffic Control Plan is:

(a) Mt Herman CWPP personnel will man Traffic Warning Points at each end of the zone along the ROW in which personnel and equipment are working. Work is expected to move from East to West along a portion of Doolittle Road (secondary, non-asphalt) and Mt. Herman Lane (secondary, non-asphalt). Posted speed limits throughout the requested Permit Area are 30mph. No roads in the requested ROW Permit Area are thru-fares, as the Mt. Herman Estates area has no outlet.

(b) Mt. Herman CWPP has signed for, has in-hand and will employ CDOT Signage at each end of the work zone.

(c) all personnel will be wearing CDOT-approved High Visibility Vests.

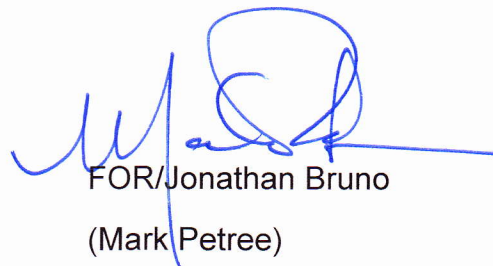
(d) both Traffic Warning Point personnel will be in radio communications, also with a central spotter who will have observation of and communication with both points.

(e) Traffic Warning Point personnel and signage will be posted at all times when work is on-going. A transition/rest plan has been established.

Points of Contact for this request are:

(Primary) Jonathan Bruno, Director of Operations-CUSP @ 719.748.0033, or

(Alternate) Mark Petree (Mt Herman CWPP) @ 719.659.6747.

A handwritten signature in blue ink, appearing to be 'Mark Petree', with a long horizontal line extending to the right.

FOR/Jonathan Bruno

(Mark Petree)

Director of Operations

Coalition for the Upper South Platte

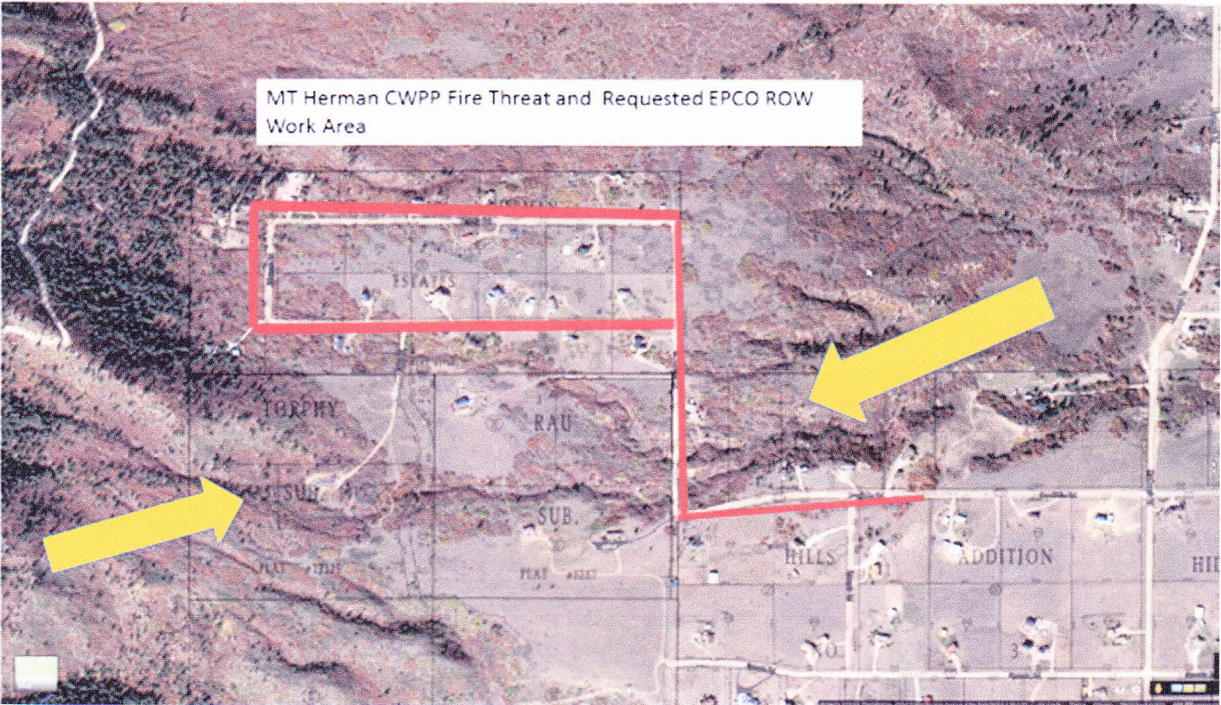
Encl 1 to CUSP "Request for Work in the Right of Way Permit" 31 MAR-14 APR 2015.

Macro



Mt Herman Estates and upper Doolittle Road are located 3 mi. WSW of the Town of Monument CO, on the side of Mt. Herman. The area is just South of the North-South running segment (beginning) of Mt. Herman Road.

Coordinates of the requested ROW Permit Request Area start are: N 39°04.133', W104° 54.035'



The Yellow arrows represent historical wildfire threats to the CWPP Area. The main drainage that bisects the single road in the area is our main threat as identified with Tri-Lakes Monument Fire District---our designated partner agency.



ENCL 3 to CUSP "Request for Work on the Right of Way" 3/14/15  
COALI-1 OP ID: JR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/30/2015

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 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> TWG Colorado Springs 101 N Cascade Ave. #410 Co Spgs, CO 80903 Denny Weber		<b>CONTACT NAME:</b> Jill Russo <b>PHONE (A/C, No, Ext):</b> 719-354-4304 <b>FAX (A/C, No):</b> 719-354-4112 <b>E-MAIL ADDRESS:</b> jrusso@twgservices.com	
<b>INSURED</b> Coalition for the Upper South Platte PO Box 726 Lake George, CO 80827		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Homeland Insurance Co of NY <b>INSURER B:</b> ALLIED INSURANCE <b>INSURER C:</b> PINNACOL ASSURANCE <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 010604 001772

### 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			793009140002	10/01/2014	10/01/2015	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ACP7571293118	08/01/2014	08/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>			793009150002	10/01/2014	10/01/2015	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b>
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			4068064	02/01/2015	02/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
A	Contr Pollution			7930009140002	10/04/2014	10/04/2015	Each Occ <b>1,000,000</b>
A	Trans Pollution			7930009140002	10/04/2014	10/04/2015	Each Occ <b>1,000,000</b>

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

### CERTIFICATE HOLDER

### CANCELLATION

<b>Proof of Insurance Coverage</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Denny Weber

© 1988-2010 ACORD CORPORATION. All rights reserved.