

Registration Expires:	stration #:

Annual Right-of-Way Registration

This form is required for work in a City of Shakopee right-of-way or easement. Registration is good for one year or until the termination date on the certificate of insurance, whichever comes first. A copy of the certificate of insurance must be submitted with the registration form.

Applicant Information

Applicant information			
REGISTRANT			
Name:			
Address:			
City:	State:	Zip code:	
24-HOUSE EMERGENCY CONTAC	T (LOCAL REPRESENTATIVE)		
Name:		24-Hour Phone:	
Address:		Email:	
City:	State:	Zip code:	
Certificate of Insurance Req	uirements		
All organizations and individuals working is verifying that insurance is current and activ		r easement areas must provide a certificate of insurance nts:	
occurrence. If such insurance incl The CGL insurance must cover lia	udes an annual aggregate limit, the ag	nce, if necessary – with a minimum of \$1,000,000 for each gregate limit shall have a minimum of \$2,000,000. s, independent registrants, products, completed operations,	
In addition, the certification of insurance m			
Require the City be notified 30 da	ays before cancellation of the policy or	material modification of a coverage term.	
 Name the City of Shakopee as an 	additional insured under the registran	t's CGL insurance and on any umbrella insurance.	
arising out of the (i) use and occu and (ii) placement and use of faci	pancy of the right-of-way/easement b lities and equipment in the right-of-wa ot limited to, protection against liability	ly injury including death, as well as claims for property damage y the registrant, its officers, agents, employees and permittees; ay/easement by the registrant, its officers, agents, employees y arising from completed operations, damage of underground	
	ral aggregate limit, the aggregate limi	ance, if necessary – with a minimum of \$1,500,000 for each t shall have a minimum of\$2,000,000. The insurance shall cover	
The registrant must maintain workers co	mpensation insurance or provide ev	idence it qualifies as a self-insurer of workers compensation.	
all statements are true, and that all work herein	will be done in accordance with the ordinar	ncluding the City of Shakopee to take the action herein requested, that nces of the City of Shakopee and the State of Minnesota. The f Shakopee City Code Chapter 90 regarding right-of-way management.	
Applicant's Signature		Date	

Submittal Checklist

Certificate of Insurance Registration Fee \$60 (new or expired)							
CITY OF SHAKOPEE USE :							
City Clerk's Office	Date						
Reviewed (date):	Approved (date):	Payment received in the form of:	☐ Check #				