



**NORTHERN MORAINE**  
**W R D**

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## Sanitary Sewer Service – Permit Application Form

Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### **LEGAL DESCRIPTION**

Tax Parcel # \_\_\_\_\_ County \_\_\_\_\_ Township \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Subdivision \_\_\_\_\_

Sewer Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Bond # \_\_\_\_\_

**WORK DESCRIPTION:** \_\_\_\_\_

**RETURN FORM TO INFO@NMWRD.ORG OR IN PERSON AT 113 TIMBER TRAIL,  
ISLAND LAKE, IL 60042**

CALL JULIE BEFORE DIGGING 1-800-892-0123

CALL LOCAL POLICE & FIRE DEPARTMNETS IF ROAD WILL BE CLOSED FOR CONSTRUCTION

**48 HOUR NOTICE MUST BE GIVEN TO NMWRD FOR INSPECTION BEFORE  
COMMENCING WORK AT 1-847-526-3300**

**CONTRACTOR MUST HAVE A LICENSE & PERMIT BOND AND  
CERTIFICATE OF INSURANCE ON FILE WITH THE DISTRICT**

**NO WEEKEND INSPECTIONS**



113 Timber Trail, PO Box  
240, Island Lake, IL 60042



Phone: 847-526-3300  
Fax: 847-526-3349



Email: info@nmwrd.org  
Web: www.nmwrd.org

**EXHIBIT A**

(EXAMPLE)

|   |   |   |               |   |   |  |                                       |                 |
|---|---|---|---------------|---|---|--|---------------------------------------|-----------------|
| <b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>  |   |   |               |   |   |  | <b>DATE (MM/DD/YYYY)</b><br>Completed |                 |
| PRODUCER<br><br><p style="text-align: center;">Fully Completed</p>  |   |   |               | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |   |  |                                       |                 |
| INSURED<br><br><p style="text-align: center;">Fully Completed</p>   |   |   |               | <b>INSURERS AFFORDING COVERAGE</b>  |   |  | <b>NAIC #</b>                         |                 |
|   |   |   |               | INSURER A: Name of Insurance Company  |   |  | Completed                             |                 |
|   |   |   |               | INSURER B: Name of Insurance Company  |   |  | Completed                             |                 |
|   |   |   |               | INSURER C: Name of Insurance Company  |   |  | Completed                             |                 |
|   |   |   |               | INSURER D: Name of Insurance Company  |   |  | Completed                             |                 |
| INSURER E: Name of Insurance Company  |   |   | Completed     |   |   |  |                                       |                 |
| <b>COVERAGES</b>  |   |   |               |   |   |  |                                       |                 |
| 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |   |               |   |   |  |                                       |                 |
| INSR LTR  | ADD'L INSRD   | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY)  | POLICY EXPIRATION DATE (MM/DD/YY)   | LIMITS   |                                       |                 |
| <b>A</b>  | <b>X</b>  | <b>GENERAL LIABILITY CG001</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> OWNERS & CONT PROT (IF REQUIRED)<br><input type="checkbox"/> _____<br>GEN'L AGGREGATE LIMIT APPLIER PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Policy Number | Policy Start Date   | Policy End Date   | EACH OCCURRENCE  | \$ 1,000,000                          |                 |
|   |   | DAMAGE TO RENTED PREMISES (Ea. Occur.)  |               |   |   | \$ 50,000  |                                       |                 |
|   |   | MED EXP (Any one person)  |               |   |   | \$ 5,000   |                                       |                 |
|   |   | PERSONAL & ADV INJURY   |               |   |   | \$ 1,000,000   |                                       |                 |
|   |   | GENERAL AGGREGATE   |               |   |   | \$ 2,000,000   |                                       |                 |
|   |   | PRODUCTS-COMP/OP AGG  |               |   |   | \$ 1,000,000   |                                       |                 |
| <b>A</b>  |   | <b>AUTOMOBILE LIABILITY CA001</b><br><input checked="" type="checkbox"/> ANY AUTO CA001<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> _____   | Policy Number | Policy Start Date   | Policy End Date   | COMBINED SINGLE LIMIT (Ea. Accident)   | \$ 1,000,000                          |                 |
|   |   | BODILY INJURY (PER PERSON)  |               |   |   | \$   |                                       |                 |
|   |   | BODILY INJURY (PER ACCIDENT)  |               |   |   | \$   |                                       |                 |
|   |   | PROPERTY DAMAGE (PER ACCIDENT)  |               |   |   | \$   |                                       |                 |
|   |   | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |               |   |   | AUTO ONLY-EA ACCIDENT  | \$                                    |                 |
|   |   | OTHER THAN EA ACC   |               |   |   | \$   |                                       |                 |
|   |   | AUTO ONLY: AGG  |               |   |   | \$   |                                       |                 |
| <b>B</b>  | <b>X</b>  | <b>EXCESS UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  | Policy Number | Policy Start Date   | Policy End Date   | EACH OCCURRENCE  | \$ per request                        |                 |
|   |   | AGGREGATE   |               |   |   | \$ per request   |                                       |                 |
|   |   |   |               |   |   |  |                                       |                 |
| <b>C</b>  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NO<br>If yes, describe under SPECIAL PROVISIONS below |   | Policy Number | Policy Start Date   | Policy End Date   | <input checked="" type="checkbox"/> WC STATU- <input type="checkbox"/> OTHER TORY LIMITS |                                       |                 |
|   | E.L. EACH ACCIDENT  |   |               |   |   | \$ 500,000   |                                       |                 |
|   | E.L. DISEASE-EA EMPLOYEE  |   |               |   |   | \$ 500,000   |                                       |                 |
|   | E.L. DIESEASE-POLICY LIMIT  |   |               |   |   | \$ 500,000   |                                       |                 |
|   | <b>OTHER</b> Professional Liability (If requested)  |   |               |   |   | Policy Number  | Policy Start Date                     | Policy End Date |
| <b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b>  |   |   |               |   |   |  |                                       |                 |
| List project number, location and description. No endorsements or additional forms modify or limit coverage provided to additional insured. Coverage provided to the additional insured is primary.   |   |   |               |   |   |  |                                       |                 |
| <b>CERTIFICATE HOLDER</b>   |   |   |               |   | <b>CANCELLATION</b>   |  |                                       |                 |
| Additional Insured: Member, its officials, employees, agents and volunteers.  |   |   |               |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, |  |                                       |                 |
|   |   |   |               |   | SIGNATURE OF AUTHORIZED AGENT   |  |                                       |                 |

EXHIBIT E  
NMWRD SAMPLE BOND

INSURANCE COMPANY

BOND NO. 14-

ILLINOIS  
LICENSE AND/OR PERMIT BOND  
(ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00  
AND OBLIGEE IS AN ILLINOIS COUNTY, CITY, TOWN OR VILLAGE.)

KNOW ALL MEN BY THESE PRESENTS:

That we \_\_\_\_\_  
(Principal's Name)

\_\_\_\_\_  
(Principal's Address)

as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed in the State of Illinois, as Surety, are held and firmly bound unto \_\_\_\_\_

State of Illinois, Obligee, in the aggregate sum of Ten-thousand and 00/100 Dollars (\$10,000.00) to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally by these presents.

In consideration thereof, the Principal is granted a license and/or permit by the Obligee to engage in the business of sewer hook-up

for the period beginning on the 30th day of May, 2003

and ending on the 30th day of May, 2004

THEREFORE: the condition of this bond is that, if said Principal shall comply with all of the conditions of the ordinances and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following conditions:

1. This obligation may be extended from year to year at the option of the Surety, by continuation certificate executed by the Surety;
2. This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee. However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned Principal prior to the cancellation of the bond.

Dated this 30th day of May, 2003

\_\_\_\_\_  
Principal

Countersigned: \_\_\_\_\_  
Officer

BOND SAFEGUARD INSURANCE COMPANY

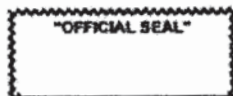
BY: \_\_\_\_\_, Agent  
BY: \_\_\_\_\_, President

ACKNOWLEDGEMENT OF SURETY  
(Corporate Officer)



STATE OF ILLINOIS )  
COUNTY OF DUPAGE ) ss

On this 15th day of November, 20 01, before me, the undersigned officer personally appeared David E. Campbell, who acknowledged himself to be the aforesaid officer of BOND SAFEGUARD INSURANCE COMPANY, a corporation, and that he, as such officer, being authorized to do so, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such officer. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



\_\_\_\_\_  
Notary Public, State of Illinois