



JOSEPH C. RITCHEY, P.E.,  
COMMISSIONER

# SARATOGA COUNTY DEPARTMENT OF PUBLIC WORKS

SARATOGA COUNTY PUBLIC WORKS FACILITY  
3654 GALWAY ROAD  
BALLSTON SPA, NEW YORK 12020-2517  
(518) 885-2235 or 885-0087  
FAX (518) 885-8809

## SPECIAL HAULING PERMIT

(Rev. 12/26/05)

**Application for Special Hauling Permit to Move Over County Highways  
a Vehicle or a Combination of Vehicles Exceeding the Dimensions and  
Weights as Specified in Section 385 of the Vehicle Traffic Law.**

Application is hereby made by the undersigned : \_\_\_\_\_

Whose principal place of business is at: \_\_\_\_\_

To transport over county highways the following described vehicles and loads:

	<u>Transporting Vehicle</u>	<u>License No.</u>	<u>GVW Weight</u>	<u>Overall Length</u>	<u>Overall Height</u>	<u>Overall Width</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

The vehicle movement is to be made over the routes designated and it is requested that such movements originate and terminate as follows:

<u>FROM</u>	<u>TO</u>	<u>ROUTE</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IT IS UNDERSTOOD THAT NO VEHICLE MOVEMENTS WILL BE MADE ON SATURDAYS, SUNDAYS OR HOLIDAYS AND THAT ALL MOVEMENTS WILL BE LIMITED TO DAYLIGHT HOURS ONLY, WHEN WEATHER AND ROAD CONDITIONS ARE FAVORABLE, IN WHICH ALL MOVEMENT OVER WEAK AND POSTED BRIDGES WILL BE DETOURED. IT IS FURTHER UNDERSTOOD AND AGREED THAT ANY AND ALL MOVEMENTS WILL BE MADE IN THE MANNER PROVIDED BY LAW, AND IN ACCORDANCE WITH THE CONDITIONS AND REGULATIONS AS HEREINAFTER SET FORTH, ALL FORMING A PART HEREOF, IN WHICH THE APPLICANT AGREES IN THE ACCEPTANCE OF THIS PERMIT TO ASSUME ALL RESPONSIBILITY AND LIABILITY FOR DAMAGES TO PERSONS AND/OR PROPERTY THAT MAY ACCRUE DURING SUCH MOVEMENTS OF THE VEHICLE OR COMBINATION OF VEHICLES THROUGH THE NEGLIGENCE OF HIMSELF, HIS AGENTS OR EMPLOYEES, OR FROM ANY OTHER CAUSE AND TO SAVE THE COUNTY OF SARATOGA HARMLESS THEREFROM.

AN ACCEPTABLE INSURANCE CERTIFICATE THAT PROVIDES PROOF OF A POLICY THAT PROVIDES PROTECTIVE LIABILITY COVERAGE IS REQUIRED FOR THIS PERMIT. A SAMPLE INSURANCE CERTIFICATE IS ATTACHED:

APPLICANT:

POLICY NO.: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

PLEASE ATTACH AN INSURANCE CERTIFICATE TO THIS APPLICATION

\_\_\_\_\_  
Printed Name and Title of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

APPROVED BY:

\_\_\_\_\_  
Commissioner of Public Works

\_\_\_\_\_  
Date

# SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS

<b>ACORD. CERTIFICATE OF INSURANCE</b>					
<b>PRODUCER</b>	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.				
<b>SAMPLE FORMAT</b>	COMPANIES AFFORDING COVERAGE				
<b>INSURED</b>	COMPANY A				
	COMPANY B				
	COMPANY C				
	COMPANY D				
COVERAGES: 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.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT.	POLICY EXP.	LIMITS	
GENERAL LIABILITY				GENERAL AGGREGATE	\$ 2,000,000.00
X Commercial General Liability				PRODUCTS-COMP/OP	\$ 2,000,000.00
Claims Made X Occur.				PERSONAL&ADV INJURY	\$ 1,000,000.00
Owners & Contractor's Prot.				EACH OCCURRENCE	\$ 1,000,000.00
				FIRE DAMAGE	\$ 50,000.00
				MED EXP.	\$ 5,000.00
AUTO LIABILITY				COMBINED SINGLE LIMIT	
ANY AUTO				BODILY INJURY (PER PERSON)	
ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
SCHEDULED AUTOS				PROPERTY DAMAGE	
HIRED AUTOS					
NON-OWNED AUTO					
GARAGE LIABILITY					
EXCESS LIABILITY				EACH OCCURRENCE	
Umbrella Form				AGGREGATE	
Other than Umbrella Form					
WORKERS COMP. AND EMPLOYER'S LIABILITY				STATUTORY LIMITS - EACH ACCIDENT	
				DISEASE POLICY LIMIT	
				DISEASE EACH EMP.	
OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
<b>An Additional Insured Endorsement Rider is to accompany the certificate naming Saratoga County as additional insured.</b>					
<b>CERTIFICATE HOLDER</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>SARATOGA COUNTY</b>					
<b>40 MCMASTER ST.</b>					
<b>BALLSTON SPA, NY 12020</b>					
<b>Authorized Representative</b>					

**Please send certificate to:**  
**Saratoga County DPW**  
**3654 Galway Road**  
**Ballston Spa, NY 12020**

**Liability Limits**  
**\$1,000,000 single limit coverage for liability and property damage**

**Additional Insured**  
**Saratoga County is named as additional insured.**

**Certificate Holder**  
**County of Saratoga**  
**40 McMaster Street**  
**Ballston Spa, NY 12020**

**SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS**

**SAMPLE**

**ENDORSEMENT NO.**

---

**Effective Date:**  
**Policy Number:**  
**Issued To:**

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.**

**ADDITIONAL INSURED ENDORSEMENT**

**This endorsement applies to:**

**In consideration of the premium charged , the "Designated Entity" or "Designated Entities" shown below shall be included as additional Insured(s), but only as respect to claims arising out of the sole negligence of the individual or entity specified in the PERSONS INSURED Section of the policy.**

**Additional Definition**

**"Designated Entity" or "Designated Entities" as used in this endorsement shall mean:**

**Saratoga County, 40 McMaster Street, Ballston Spa, N.Y. 12020**

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED**