



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

Keith R. Manz, P.E.
Commissioner

Thomas A. Speziale
Deputy Commissioner

SPECIAL HAULING PERMIT

(Rev. 9/24/12)

**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 person 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.

REQUIREMENT: 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 Number: _____

Insurance Company: _____

NOTE: Please attach an insurance certificate to this application.

Printed Name and Title of Applicant

Signature of Applicant

Date

APPROVED BY:

Keith R. Manz, P.E.

Date

Commissioner of Public Works

SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS

**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**

ACORD. CERTIFICATE OF INSURANCE					
PRODUCER	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.				
SAMPLE FORMAT	COMPANIES AFFORDING COVERAGE				
INSURED	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. Owners & Contractor's Prot.				PERSONAL&ADV INJURY	\$ 1,000,000.00
				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	
ALL OWNED AUTOS				(PER PERSON)	
SCHEDULED AUTOS				BODILY INJURY	
HIRED AUTOS				(PER ACCIDENT)	
NON-OWNED AUTO				PROPERTY DAMAGE	
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					
Saratoga County is to be named additional insured. (A Commercial General Liability Additional Insured Endorsement Rider is also to accompany the certificate naming Saratoga County as additional insured.)					
CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED				
SARATOGA COUNTY	BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED				
40 MCMASTER ST.	IN ACCORDANCE WITH THE POLICY PROVISIONS.				
BALLSTON SPA, NY 12020	Authorized Representative				

SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS

SAMPLE

ENDORSEMENT NO.

Effective Date:
Policy Number:
Issued To:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

**COMMERCIAL GENERAL LIABILITY
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