



Telecommunications Worksheet

ONLY to be completed for projects on public property

Submittal date _____ Contract # _____ Permit # _____

| | |
|---|--|
| PROJECT INFORMATION | |
| Location name _____ | Address _____ |
| CARRIER INFORMATION | |
| Carrier name _____ | Contact name _____ |
| Contact phone # _____ | Contact email _____ |
| <u>Contract:</u> Attached | |
| AGENT | |
| Agent _____ | Contact name _____ |
| Contact phone # _____ | Contact email _____ |
| <u>Proof of insurance (see attached example):</u> Attached | <u>Carrier's Letter of Authorization:</u> Attached |
| CONTRACTOR | |
| Contractor _____ | Contact name _____ |
| Contact phone # _____ | Contact email _____ |
| <u>Contractor License:</u> Attached | <u>Proof of insurance (see attached example):</u> Attached |
| <u>Carrier's Letter of Authorization:</u> Attached | |
| SUBCONTRACTOR | |
| Subcontractor _____ | Contact name _____ |
| Contact phone # _____ | Contact email _____ |
| <u>Contractor License:</u> Attached | <u>Proof of insurance (see attached example):</u> Attached |
| <u>Carrier's Letter of Authorization:</u> Attached | |
| PROJECT TYPE | |
| <p>New equipment (installation):</p> <p style="padding-left: 40px;">Two (2) wetseal & five (5) copies of structural plans</p> <p>Existing equipment:</p> <p style="padding-left: 40px;">Maintenance to existing equipment</p> <p style="padding-left: 40px;">Upgrading/expansion of existing equipment</p> <p style="padding-left: 40px;">Replacement of existing equipment</p> | |

Worksheet reviewed and approved by: _____ on _____

CITY OF BRANSON INSURANCE REQUIREMENTS

COMMERCIAL GENERAL LIABILITY:

\$2,734,567.00 single accident or occurrence
-bodily injury and property damage
\$ 410,185.00 single accident or occurrence, any one person
-bodily injury or death

AUTOMOBILE LIABILITY INSURANCE:

\$2,734,567.00 single accident or occurrence
-bodily injury and property damage owned, non-owned and hired
vehicles
\$ 410,185.00 single accident or occurrence, any one person
-bodily injury or death

WORKERS' COMPENSATION and EMPLOYERS' LIABILITY:

\$1,000,000.00 Limit

*Note: January 1 of each year the sovereign immunity level is reviewed by the state of Missouri, which could change our insurance levels.

CITY OF BRANSON NAMED ON POLICY

All insurance policies shall list the City of Branson as the additional insured for the Commercial General Liability as well as the Automobile Liability.

Please use the following address: City of Branson
Attn: Contract Management
110 W Maddux Street, Ste. 205
Branson, MO 65616

No policy can be canceled without a 30 day written notice to the City of Branson.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| | | |
|--|---|--------|
| 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. | |
| | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED Name and Address of Sub Contractor | INSURER A: Carrier | |
| | INSURER B: Carrier | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES
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. ADD'L LTR. INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|------------------------|---|---------------|----------------------------------|-----------------------------------|---|
| A X | GENERAL LIABILITY <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. | Policy # | Eff Date | Exp Date | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A X | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | Policy # | Eff Date | Exp Date | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: / EA ACC \$ AGG \$ |
| A X | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ XXXXX | Policy # | Eff Date | Exp Date | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | Policy # | Eff Date | Exp Date | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| | OTHER | | | | |

EXAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 City of Branson, 110 W. Maddux St., Suite 205, Branson, MO 65616 is listed as Additional Insured on policy.

| | |
|--|--|
| CERTIFICATE HOLDER (417) 335-4354 Fax City of Branson Attn: Contract Management 110 W. Maddux Street, Ste. 205 Branson, MO 65616 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|--|--|



FAQ - Tower Installation and Upgrades

1. How do I determine if a telecommunication tower is located within the city limits?

By providing the property's parcel ID number or its 911 address, staff will be able to verify whether a tower's location is within the city limits or not.

2. Will a building permit be required for work associated with a telecommunication tower?

Yes, a permit is always required regardless of the scope of work. A building permit application will not only cover your proposed work, but will also cover the City's authorization if the work is to be performed on City property. If your project is to occur on public property (City property), a Telecommunication Worksheet must be submitted with your permit application.

3. How many sets of construction drawings would be required? What size do they have to be? Do they have to be originals, or can they be copies?

If the proposed scope of work includes anything other than replacement of existing components:

- Five (5) sets of plans will be required.
- 2 originals sealed, and 3 copies with seal.
- Plans are typically 24" x 36", but 11" x 17" may be submitted as long as they are legible. If printing plans smaller makes them **difficult to read, we will need 24" x 36"**.

4. Is a structural analysis required?

Yes, if any structural work is done on or to the tower and/or the building housing the equipment.

5. Are permit fees required with the application, or are they determined after the review process is complete?

A filing fee and plan review fee is required at the time of submittal, and all other fees are due at the time of the permit's issuance. All fees are calculated based on the estimated value of the scope of work, (cost of work), for the project. The permit fee is \$5.30 per \$1,000 of the estimated value and the Plan Review fee is 50% of the determined permit fee. Additionally, a Filing Fee of \$53.00 will also be required.

6. If I am only doing electrical work, will a permit be required?

Yes. Again, all work associated with a telecommunication tower requires a permit. Please be sure to provide for everything included in the scope, or an addendum and associated fees will be required.

7. Is a business license required?

No, but a City of Branson Contractor's License will be required to do any work within the city limits. A Contractor Registration Form is located on the City's website at www.bransonmo.gov or at City Hall in person.

8. Can the Building Application be found on the City’s website?

Yes. <http://www.cityofbranson.org/DocumentCenter/Home/View/5610>

OTHER HELPFUL INFORMATION

- All submitted plans, details and specifications will be reviewed based on the Branson Municipal Code and the adopted and amended ICC 2015 International Building, Plumbing, Mechanical, Fire, Fuel Gas Codes, the 2014 National Electrical Code, and the 2009 edition of the ICC/ANSI A117.1 Accessibility Code.
- All submitted plans shall be drawn, signed, and sealed by a **Missouri Registered Design Professional**.
- All plan sheets shall be 24” X 36”. Please submit 5 sets of drawings – 2 of which must have the wet stamp seals.
- Special inspections, where applicable, must follow the procedures in the IBC Section 1704.
- City of Branson Climate and Geographic Design Criteria:

| | |
|-------------------------|-----------------|
| Ground snow load | 15 psi |
| Wind speed | 90 mph |
| Seismic zone | B |
| Damage from weathering | Severe |
| Frost line depth | 18” |
| Damage from termites | Moderate/heavy |
| Damage from decay | Slight/moderate |
| Wind design temperature | 12 deg. |