

APPLICANT NO.:



CITY OF VICTORIA  
7951 Rose Street · Box 36  
Victoria, Minnesota 55386  
Phone: 952/443-2363 · Fax: 952/443-2110

RIGHT-OF-WAY REGISTRATION APPLICATION

Are you a new Applicant or updating information?  New Applicant  Update of Information

REGISTRATION INFORMATION (Company Information)

Name: \_\_\_\_\_  
Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

GOPHER STATE ONE CALL INFORMATION (If Applicable)

Operator Registration No.: \_\_\_\_\_ ID No.: \_\_\_\_\_

LOCAL REPRESENTATIVE (Person Responsible for Fulfilling Obligations of Registrant)

Name: \_\_\_\_\_  
Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contact No. 1

Contact No. 2

Contact No. 3

Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Pager No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_



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INSURANCE (Companies holding franchises with the City need not provide insurance certificates if previously provided.)  
Please attach copies of insurance certificates from a company authorized to do business in the State of Minnesota in the following amounts:

- 1. **GENERAL LIABILITY:** **Public liability, including premises, products and complete operations.**
  - 1) Bodily Injury Liability \$1,000,000 each person  
\$3,000,000 each occurrence
  - 2) Property Damage Liability or \$3,000,000 each occurrence
  - 3) Bodily Injury and Property \$3,000,000 single limit  
Damage Combined
  
- 2. **COMPREHENSIVE:** **Automobile Liability Insurance, including owned, non-owned and hired vehicles**
  - 1) Bodily Injury Liability \$1,000,000 each person  
\$3,000,000 each occurrence
  - 2) Property Damage Liability or \$3,000,000 each occurrence
  - 3) Bodily Injury and Property \$3,000,000 single limit  
Damage Combined
  
- 3. Such Certificate shall verify that the Registrant is insured against claims for personal injury, including death, as well as claims for property damage arising out of (i) use and occupancy of the right-of-way by the registrant, its officers, agents, employees, and permittees, and (ii) placement and use of equipment or facilities in the right-of-way by the registrant, its officers, agents, employees and permittees, including but not limited to, protection against liability arising from completed operations, damage of underground equipment and collapse of property. Such certificate shall also name the City as an additional insured as to whom the coverages required herein are in force and applicable and for whom defense will be provided as to all such coverages. Such certificate shall require that the Director be notified 30 days prior to cancellation of the policy.

SIGNATURE OF REGISTRANT

By \_\_\_\_\_

Its \_\_\_\_\_

Date \_\_\_\_\_

ACKNOWLEDGEMENT OF INDEMNIFICATION

The Applicant hereby acknowledges the indemnification as provided by the applicable section of the City Code.  
(NOTE: This acknowledgement need not be provided by a company holding a franchise with the City)

By \_\_\_\_\_

Its \_\_\_\_\_

Date \_\_\_\_\_