



ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

DISTRICT TEN

2510 WEST KINGSHIGHWAY • P. O. BOX 98 • PARAGOULD, AR 72451-0098 • TELEPHONE 870-239-9511 • FAX 870-236-1156
CLAY - CRAIGHEAD - GREENE - LAWRENCE - MISSISSIPPI - POINSETT - RANDOLPH

June 12, 2009

SPECIAL PERMIT NO. SP10-09-007

Honorable Harold Perrin
City of Jonesboro - Permittee
P.O. Box 1845
Jonesboro, AR 72403

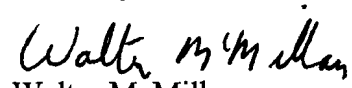
Dear Mayor Perrin:

Your request for permission to mow and prune along Hwy 63 Sec.6 beginning at L.M. 8.75 just North of Hwy 91 Sec.2 and ending at Hwy 63 Sec.7 L.M. 12.42 at the Poinsett County line. And along Hwy 463 Sec.1 from Hwy 63 to Ingels Rd. Near Jonesboro in Craighead County is hereby granted under the following conditions:

1. That the Permittee will fully protect the traffic and the general public on the highway during construction covered hereunder by proper barricades, flagmen, and/or lights, and will hold harmless the Arkansas Highway and Transportation Department, its officers and employees from all damages, expenses, claims, or liability arising out of any alleged damages of any nature to any person or property, due to construction, performance, or non-performance of work under this permit.
2. That all work will be performed in a neat and workmanlike manner, using materials acceptable to the Arkansas Highway and Transportation Department and that the right of way will be cleaned up and left in a presentable condition upon completion of the described work, and shall be subject to approval by the Arkansas Highway and Transportation Department's District Engineer.
3. That all work will be performed in accordance with the Arkansas Highway and Transportation Department directions, specifications, regulations and other applicable Federal, State, and local agencies and as approved by the Arkansas Highway and Transportation Department's District Engineer.

4. That all work under the permit shall be done at no cost to the Arkansas Highway and Transportation Department.
5. That any damaged portion of highway property will be promptly restored to its original condition.
6. That no portion of the traveled surface of the highway will be disturbed.
7. That all waste material will be disposed of on the property of the permittee.
8. That mowing and pruning for landscape purposes will be maintained by the permittee at no cost to the Arkansas Highway and Transportation Department.
9. Permittee shall be responsible for locating and protecting all utilities in the work area(s) and hold harmless and indemnify the State Highway Commission, the Department and its duly appointed agents, officers and employees, from all damages, expenses, claims or liability arising out of any nature to any utilities due to the construction, performance, or non-performance of work.
13. That beginning of work covered by this permit shall constitute full acceptance by the Permittee of all applicable terms and conditions contained and referenced herein.

Sincerely,


Walter McMillan
District Engineer

WM/PC/rl

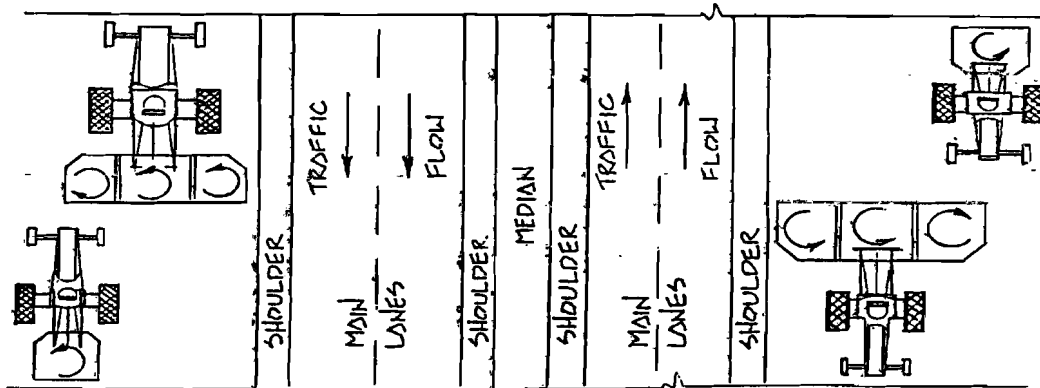
Attachments

c: Mr. Emanuel Banks, Asst. Chief Engineer – Operations

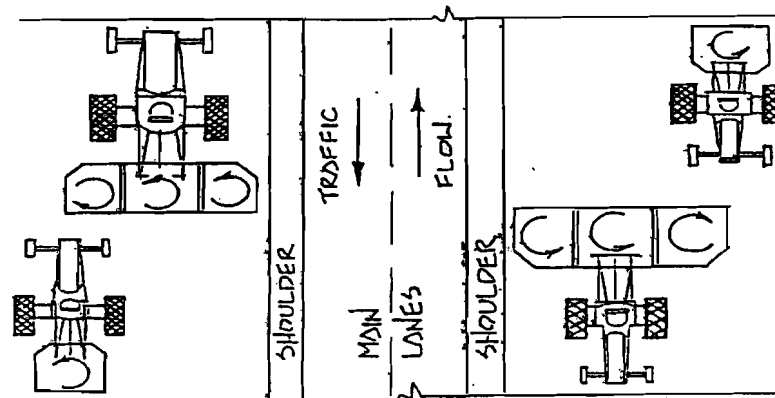
Mr. Steve Leath, Area Maintenance Supervisor

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
SPECIAL PROVISION
REMOVAL AND DISPOSAL OF LITTER
AND
MOWING AND TRIMMING OF HIGHWAY RIGHT-OF-WAY
FOR DIVIDED HIGHWAYS

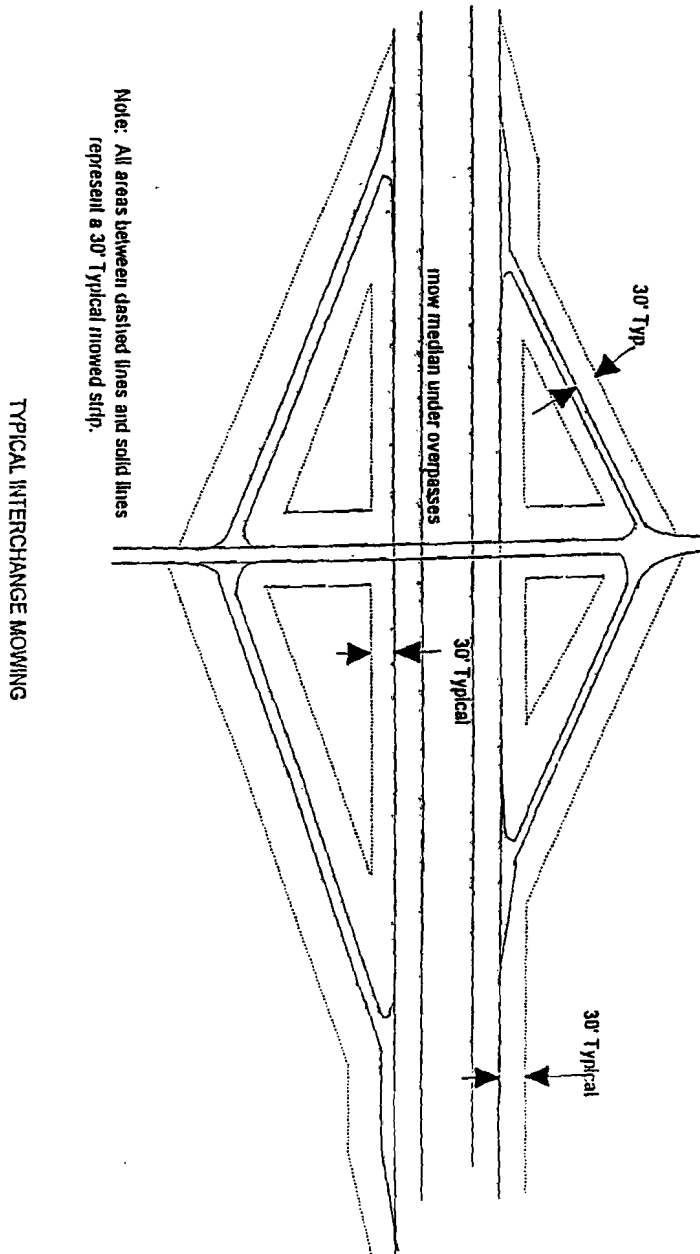
FOUR LANE DIVIDED



TWO LANE NONDIVIDED



ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
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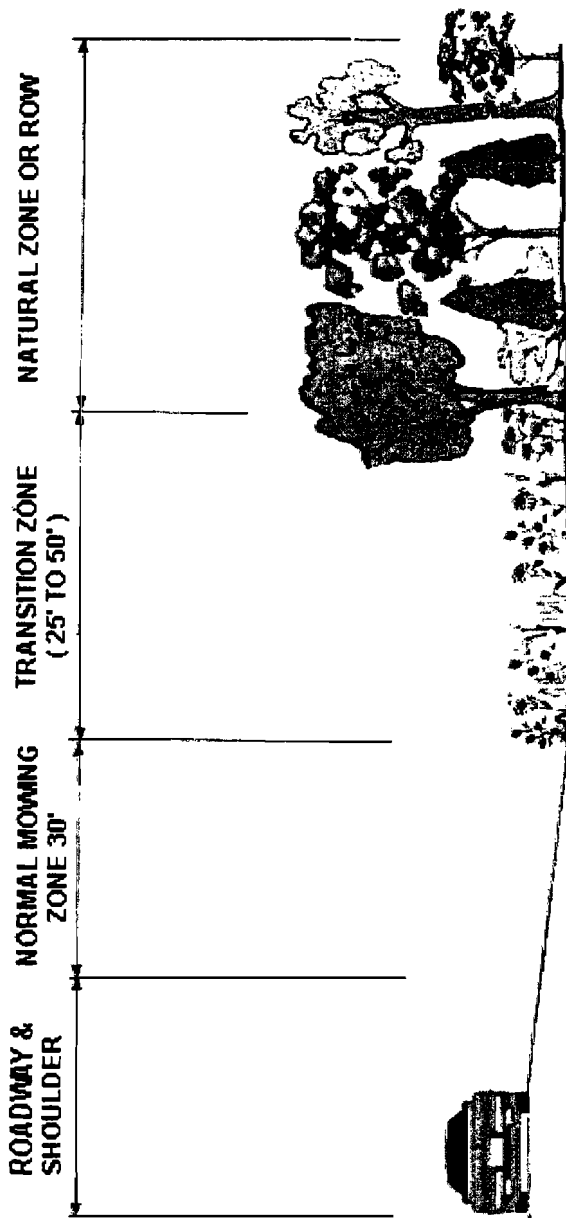


ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

SPECIAL PROVISION

REMOVAL AND DISPOSAL OF LITTER
AND

MOWING AND TRIMMING OF HIGHWAY RIGHT-OF-WAY
FOR DIVIDED HIGHWAYS

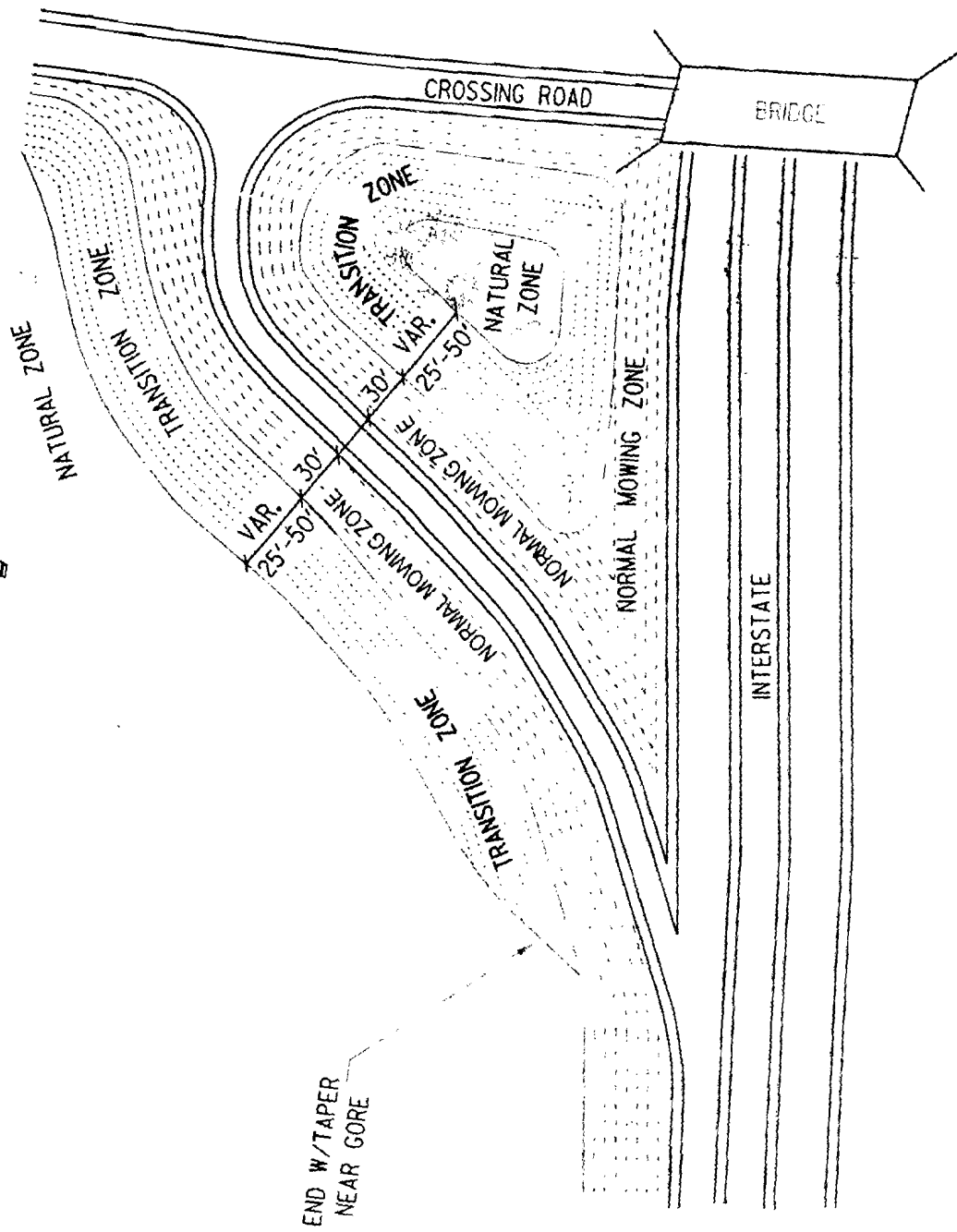


TRANSITION MOWING # 1

1/30/2008

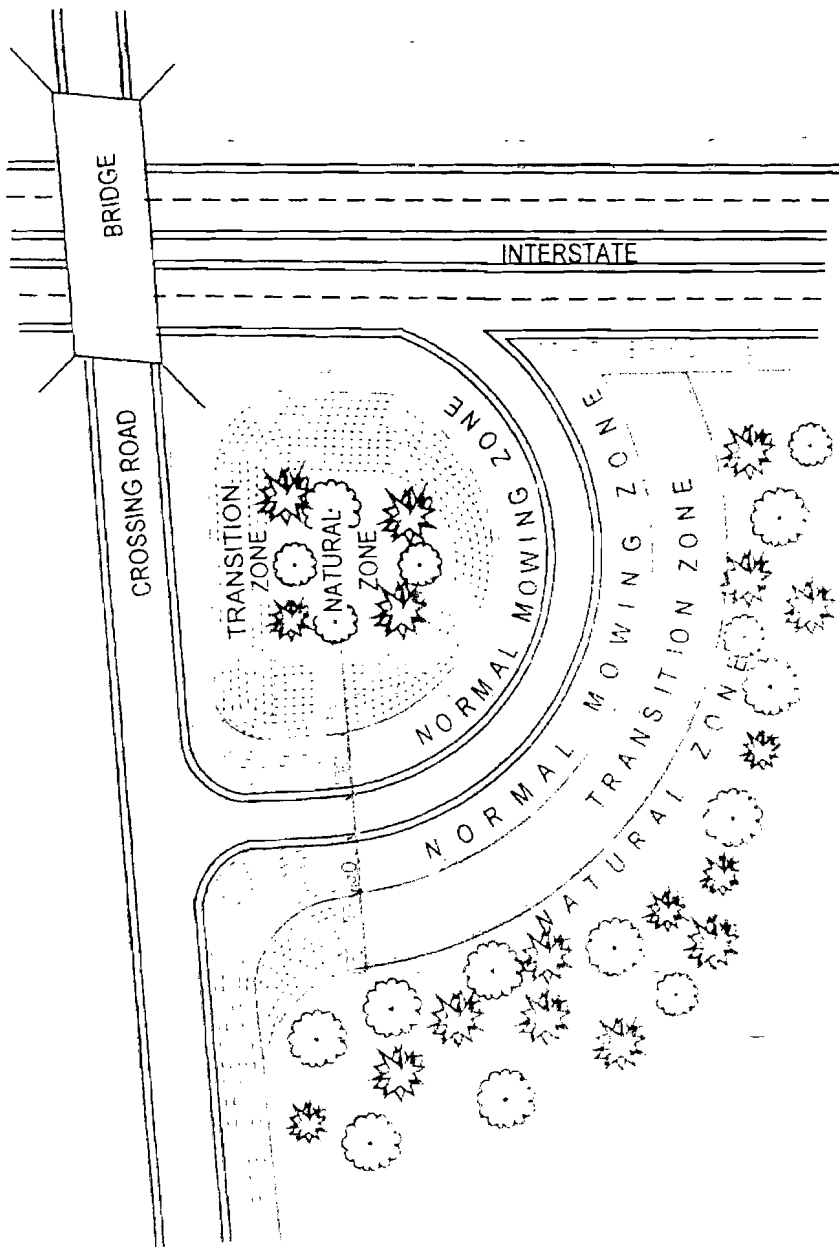
ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
SPECIAL PROVISION
REMOVAL AND DISPOSAL OF LITTER
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TRANSITION MOWING #2



ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
SPECIAL PROVISION
REMOVAL AND DISPOSAL OF LITTER
AND
MOWING AND TRIMMING OF HIGHWAY RIGHT-OF-WAY
FOR DIVIDED HIGHWAYS

TRANSITION MOWING #3



**ARKANSAS STATE HIGHWAY
AND TRANSPORTATION DEPARTMENT**

NOTICE OF NONDISCRIMINATION

The Arkansas State Highway and Transportation (Department) complies with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964 and other federal equal opportunity laws and therefore does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in admission or access to and treatment in Department programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to James B. Moore, Jr., Section Head - EEO/DBE (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address:

james.moore@arkansashighways.com.

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

Workers' Compensation
The Cincinnati Indemnity Company

Named Insured: Hurley Landscaping, Inc.
Address: 803 Fairway Cove
Jonesboro AR 72401-
Agency: 03-022 UNITED INS AGCY

Quote: 62160 Version: 1 Policy: WC Effective Date: 02/10/2008

QUOTE SUMMARY

Workers' Compensation		
Total Schedule of Operations Premium:	\$687	
Expense Constant:	\$160	
Total Terrorism:	\$5	
Domestic Terrorism, Earthquakes and Catastrophic Industrial Accident (DTEC)	\$3	
Total Annual Premium		\$855

QUOTE SUBJECT TO FAVORABLE INSPECTION

QUOTE IS VALID FOR 60 DAYS AND SUBJECT TO NORMAL UNDERWRITING CONSIDERATIONS

(Regional Director/State Agent Approval)

Payments		
Semi Annual	First Installment	\$428
	Remaining Installments	\$427
Quarterly	First Installment	\$216
	Remaining Installments	\$213

This information is proprietary to The Cincinnati Insurance Company, its subsidiaries and affiliates. Please do not copy, reproduce or redisclose it.

ACORD® WORKERS COMPENSATION APPLICATION

DATE
03/03/2008

PRODUCER United Insurance Agency 2104 1st National Drive P.O. Box 1258 Harrison, AR 72602-1258	PHONE (A/C, No, Ext) (870) 741-2305 FAX (870) 741-9609	COMPANY Cincinnati Insurance Companies	UNDERWRITER Chris Vehr
APPLICANT NAME Hurley Landscaping, Inc Attn: David Hurley		MAILING ADDRESS (including ZIP code) 803 Fairway Cove Jonesboro, AR 72401 Craighead	
YRS IN BUS 10	SIC	INDIVIDUAL PARTNERSHIP	CORPORATION SUBCHAPTER "S" CORP
CODE: 03022		LIMITED CORP OTHER:	
AGENCY CUSTOMER ID 00014082	SUB CODE:	CREDIT BUREAU NAME: FEDERAL EMPLOYER ID NUMBER 71-0853151	ID NUMBER: OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER

STATUS OF SUBMISSION		BILLING/AUDIT INFORMATION			
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT	
<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input checked="" type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> OTHER:	<input type="checkbox"/> AT EXPIRATION
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> % DOWN:	<input type="checkbox"/> OTHER:
					<input type="checkbox"/> QUARTERLY

LOCATIONS

STREET, CITY, COUNTY, STATE, ZIP CODE
00001 803 Fairway Cove
Jonesboro Craighead AR 72401

POLICY INFORMATION

PROPOSED EFF DATE: 03/03/2008
PROPOSED EXP DATE: 03/03/2009
NORMAL ANNIVERSARY RATING DATE: _____
PARTICIPATING: _____
NON-PARTICIPATING: _____
RETRO PLAN: _____

ART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%	OTHER COVERAGES
	\$ 500,000 EACH ACCIDENT		<input type="checkbox"/> MEDICAL		<input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP
	\$ 500,000 DISEASE-POLICY LIMIT		<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> FOREIGN COV
	\$ 500,000 DISEASE-EACH EMPLOYEE				<input type="checkbox"/> MANAGED CARE OPTION

END PLAN/SAFETY GROUP: _____
ADDITIONAL COMPANY INFORMATION: _____

CLASSIFICATION INFORMATION

LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
				FULL TIME	PART TIME			
1	9102		Lawn Maintenance - Commercial	1		17,000		

ADDITIONAL COVERAGES/ENDORSEMENTS

	FACTOR	FACTORED PREMIUM
TOTAL		\$
INCREASED LIMITS		\$
DEDUCTIBLE		\$
		\$
EXPERIENCE MODIFICATION		\$
LOSS CONSTANT		\$
ASSIGNED RISK SURCHARGE		\$
ARAP		\$
		\$
PREMIUM DISCOUNT		\$
EXPENSE CONSTANT		\$
		\$
REMIUM		\$
DEPOSIT PREMIUM		\$
TOTAL EST ANNUAL PREMIUM		\$

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

#	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION
	David Hurley	01/14/1966	Owner	100		Exc	9102	

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	LOSS RUN ATTACHED
2002	CO: Hartford						
2008	POL #: 37WECPA1524	783.00		0			
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						

ATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

RE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING- RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR- TYPE OF WORK, SUB-CONTRACTS, MERCANTILE-MERCHANDISE, CUSTOMERS, DELIVERIES, SERVICE-TYPE, LOCATION, FARM-ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Business is a maintenance contractor. Primarily cares for grounds owned by Jonesboro City, Water, and Light.

GENERAL INFORMATION

INDICATE ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?		X			X
HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) DRILLING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		X			X
WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X			X
WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X			X
APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X			X
SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)		X			X
WORK SUBLET WITHOUT CERTIFICATES OF INS.?		X			X
WRITTEN SAFETY PROGRAM IN OPERATION?		X			X
GROUP TRANSPORTATION PROVIDED?		X			X
EMPLOYEES UNDER 18 OR OVER 60 YEARS OF AGE?		X			X
SEASONAL EMPLOYEES?		X			X
HERE ANY VOLUNTEER OR DONATED LABOR?		X			X
EMPLOYEES WITH PHYSICAL HANDICAPS?		X			X
EMPLOYEES TRAVEL OUT OF STATE?		X			X
ATHLETIC TEAMS SPONSORED?		X			X

CONTACT INFORMATION

PHONE: (870)897-3210
 NAME: David Hurley

PHONE: (870)897-3210
 NAME: David Hurley

ABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONJUGATE ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

INSURER'S SIGNATURE
 David Hurley X
 130 (7/98)

PRODUCER'S SIGNATURE
 Harold Copenhaver 

Named Insureds

Named Insured	Entity Type	Insured Type
Hurley Landscaping, Inc	Corporation	First Named Insured
Attn: David Hurley		Doing Business As

Contact Names

Contact Name	Responsibility	Phone number ext
David Hurley	Accounting Records	(870)897-3210
David Hurley	Inspection	(870)897-3210

Liability Information

Liability Basis	Liability Type
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Part 1 - State Information

State	Anniversary Date	Retro Plan
AR		

Hurley Landscaping, Inc

03/03/2008

Additional Coverages and Factors
United Insurance Agency

Line of Business Coverages

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
WC & Employer's liability	500,000/500,000/ 500,000				