

James Huber  
Huber's Nuisance Control  
246 Dillaway Street  
Muscatine, Iowa 52761

Muscatine City Council

12/6/2010 - 12-6-2011

**To whom it may concern:**

I, James Huber owner of Huber's Nuisance Control Trapping do hereby request permission to discharge an air rifle to assist in the control of a pigeon problem, at Muscatine Power & Water's Generation Station located on Stewart Road in Muscatine. Muscatine Power & Water has employed my services at their facility to eradicate nuisance pigeons. I have had live capture traps set and baited to try to eliminate the problem but this has not produced the anticipated results. I believe that with the ability to use an air rifle I will be able to more efficiently and quickly eliminate the pigeons that are causing the nuisance.

My contact person at Muscatine Power & Water is Charles Drumm, you can direct any questions or concerns about this issue to him. Thank you for your time and consideration in this matter.

Sincerely,

James Huber

Huber's Nuisance Control Trapping

(563) 263-3368 / (563) 299-5414



# CERTIFICATE OF LIABILITY INSURANCE

*Copy for you*

 OP ID BZ  
 HUBER-1

DATE (MM/DD/YYYY)

03/15/10

PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Lee Agency, Inc. 200 Ford Avenue Muscatine IA 52761 Phone: 563-263-9252 Fax: 563-263-9282		INSURERS AFFORDING COVERAGE	
INSURED		NAIC #	
Huber Nuisance Animal Trapping James Huber 246 Dillaway Street Muscatine IA 52761		INSURER A: Scottsdale Insurance	
		INSURER B: Grinnell Mutual Reinsurance Co	14117
		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	INSR NR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	CPS1136965	01/25/10	01/25/11	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
B		AUTOMOBILE LIABILITY	0000402216	01/25/10	01/25/11	COMBINED SINGLE LIMIT (EA accident)	\$ 1000000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
	AGG	\$					
	EXCESS / UMBRELLA LIABILITY					EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N				WC STATU- TORY LIMITS	OTH- ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>					E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 pest control services

## CERTIFICATE HOLDER

MUSCATINE

 Muscatine Power & Water  
 3205 Cedar Street  
 Muscatine IA 52761

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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  
 Betty Zindel