



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

OP ID BZ  
HUBER-1

DATE (MM/DD/YYYY)

03/15/10

|  |  |  |               |
|--|--|--|---------------|
| <b>PRODUCER</b><br>Lee Agency, Inc.<br>200 Ford Avenue<br>Muscataine IA 52761<br>Phone: 563-263-9252 Fax: 563-263-9282 |  | <b>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.</b> |               |
| <b>INSURED</b><br>Huber Nuisance Animal Trapping<br>James Huber<br>246 Dillaway Street<br>Muscataine IA 52761          |  | <b>INSURERS AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
|  |  | 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 | INSRD | 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                             |               |                                    |                                     |   |              |
|                |       | <input checked="" type="checkbox"/> NON-OWNED AUTOS                         |               |                                    |                                     |   |              |
|                |       |   |               |                                    |                                     |   |              |
|                |       | GARAGE LIABILITY  |               |                                    |                                     | AUTO ONLY - EA ACCIDENT                   | \$           |
|                |       | <input type="checkbox"/> ANY AUTO   |               |                                    |                                     | OTHER THAN EA ACC                         | \$           |
|                |       |   |               |                                    |                                     | AUTO ONLY: AGG                            | \$           |
|                |       | EXCESS / UMBRELLA LIABILITY   |               |                                    |                                     | EACH OCCURRENCE                           | \$           |
|                |       | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE         |               |                                    |                                     | AGGREGATE                                 | \$           |
|                |       |   |               |                                    |                                     |   | \$           |
|                |       | DEDUCTIBLE  |               |                                    |                                     |   | \$           |
|                |       | RETENTION \$  |               |                                    |                                     |   | \$           |
|                |       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |               |                                    |                                     | WC STATUTORY LIMITS                       | OTH-ER       |
|                |       | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |               |                                    |                                     | E.L. EACH ACCIDENT                        | \$           |
|                |       | If yes, describe under SPECIAL PROVISIONS below                             |               |                                    |                                     | E.L. DISEASE - EA EMPLOYEE                | \$           |
|                |       | OTHER   |               |                                    |                                     | E.L. DISEASE - POLICY LIMIT               | \$           |

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

## CERTIFICATE HOLDER

|  |  |
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| <b>MUSCATE</b><br><br>Muscataine Power & Water<br>3205 Cedar Street<br>Muscataine IA 52761 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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.<br><br>AUTHORIZED REPRESENTATIVE<br>Betty Zindel |
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