

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

PRODUCER

Lee Agency, Inc.
200 Ford Avenue
Muscatine IA 52761
Phone: 563-263-9252 Fax: 563-263-9282

INSURED

Huber Nuisance Animal Trapping
James Huber
246 Dillaway Street
Muscatine IA 52761

COPY TO YOU
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.

OP ID BZ
HUBER-1DATE (MM/DD/YYYY)
03/15/10

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Scottsdale Insurance

14117

INSURER B: Crimell Mutual Reinsurance Co

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.

INSURER/TYPE LINES/INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR</p> <p>GENL AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC</p>	CPS1136965	01/25/10	01/25/11	<p>EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL & ADV INJURY \$ 1,000,000</p> <p>GENERAL AGGREGATE \$ 2,000,000</p> <p>PRODUCTS - COMP/OP AGG \$ 2,000,000</p>
B	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input checked="" type="checkbox"/> SCHEDULED AUTOS</p> <p><input checked="" type="checkbox"/> HIRED AUTOS</p> <p><input checked="" type="checkbox"/> NON-OWNED AUTOS</p>	0000402216	01/25/10	01/25/11	<p>COMBINED SINGLE LIMIT (EA accident) \$ 1000000</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
	<p>GARAGE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p>				<p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN EA ACC \$</p> <p>AUTO ONLY: AGG \$</p>
	<p>EXCESS / UMBRELLA LIABILITY</p> <p><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p><input type="checkbox"/> DEDUCTIBLE</p> <p>RETENTION \$</p>				<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>\$</p> <p>\$</p> <p>\$</p>
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE EXCLUDED? <input type="checkbox"/></p> <p>(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below</p>	Y/N			<p>WC STATUTORY LIMITS \$</p> <p>OTHR \$</p> <p>E.L. EACH ACCIDENT \$</p> <p>E.L. DISEASE - EA EMPLOYEE \$</p> <p>E.L. DISEASE - POLICY LIMIT \$</p>
	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