## <u>TEMPORARY AUTHORIZATION PERMIT</u> Wisconsin Department of Transportation - Private Work Project

| Project Applicant:   |   | Sauk Prairie Conservation Alliance   |  |  |  |  |  |  |  |
|----------------------|---|--|--|--|--|--|--|--|--|
|                      | c/o   | Joan Fordham – Treasurer   |  |  |  |  |  |  |  |
|                      | address   | P.O. Box 403, Baraboo, WI 53913  |  |  |  |  |  |  |  |
|                      | phone:  | 608-356-8927 Email: <u>dfordham@chorus.net</u>   |  |  |  |  |  |  |  |
| Project Description: |   | Sauk Prairie Conservation Alliance has developed a restoration plan for portions of<br>the former Badger Army Munitions Plant that started in 2020. For the 2022 year the<br>alliance would like to sew additional seed along the trail and remove invasives that<br>may have sprouted during the past year. The Alliance will coordinate with Sauk<br>County with scheduling. |  |  |  |  |  |  |  |
|                      |   | <b>Note:</b> A restoration plan with special focus upon the Great Sauk Trail corridor was written by Jeb Barzen – Private Lands Conservation, LLC and is available upon request.   |  |  |  |  |  |  |  |
| RR                   | Subdivision / MP  | Reedsburg Sub  |  |  |  |  |  |  |  |
| Pro                  | ject Location:  | Great Sauk Trail railroad right-of-way on former Badger Army Plant, Sauk County  |  |  |  |  |  |  |  |
| Effe                 | ective Date(s):   | 4/1/22 to 4/1/23   |  |  |  |  |  |  |  |
| Ter                  | ms and Conditions - WisDO   | ſ:   |  |  |  |  |  |  |  |
| 1.                   | Applicant or their authorized agent has permission to enter Department Railroad Property to see project description above.  |  |  |  |  |  |  |  |  |
| 2.                   | Applicant is responsible for complying with any applicable local ordinances or obtaining any necessary permits.   |  |  |  |  |  |  |  |  |
| 3.                   | Applicant agrees they will not negatively alter the drainage on the Department's land and will restore the right of way to existing condition on completion of the project, if applicable.  |  |  |  |  |  |  |  |  |
| 4.                   | Applicant shall in no way interfere with railroad operations. No equipment shall be permitted in the immediate track zone and applicant shall keep the track zone clear at all times. <b>NOT APPLICABLE</b> .   |  |  |  |  |  |  |  |  |
| 5.                   | All excavated material is to be removed from the railroad corridor. The slope of the ditch on the Railroad Track side cannot be modified without written authorization from Wisconsin Southern Railroad, if applicable.   |  |  |  |  |  |  |  |  |
| 6.                   | No work shall be allowed within 25 feet distant from the centerline of track without the presence of a previously arranged railroad flagger. <b>NOT APPLICABLE</b> .  |  |  |  |  |  |  |  |  |
| 7.                   | Applicant <u>shall notify the Wisconsin &amp; Southern Railroad L.L.C. at least 48 hours prior to entering on the railroad</u><br><u>corridor to conduct work</u> and to arrange for a flagman, <u>if necessary</u> . Contact WSOR Roadmaster, Stacey Hurda at<br>414-507-0240. <b>NOT APPLICABLE</b> .   |  |  |  |  |  |  |  |  |
| 8.                   | <ul> <li>414-507-0240. NOT APPLICABLE.</li> <li>Applicant shall maintain (attached) certificate of general liability insurance naming the following as additional insured:</li> <li>Wisconsin Department of Transportation, Wisconsin River Rail Transit Commission, Wisconsin &amp; Southern</li> <li>Railroad L.L.C and Watco Companies L.L.C.</li> </ul>   |  |  |  |  |  |  |  |  |
| 9.                   | Requests for renewing this Per  | mit should be submitted 21 days prior to expiration of the Permit term.  |  |  |  |  |  |  |  |
| Ter                  | ms and Conditions - Sauk Co   | unty:  |  |  |  |  |  |  |  |
| a.                   |   | is permit if the permitted use interferes with the management objectives or the property reaches any terms or conditions contained in this permit.   |  |  |  |  |  |  |  |
| b.                   | The Permittee hereby agrees and acknowledges that users of the Great Sauk State Trail shall always have the right-of-<br>way and the Permittee shall make every effort possible to accommodate trail users and protect them from any hazards  |  |  |  |  |  |  |  |  |
| c.                   | during the term of this permit.<br>Warning signs shall be placed and maintained by the Permittee informing trail users of the specified use or as otherwise<br>directed by Sauk County. If needed, as determined by the Sauk County, Permittee shall place passable barricades at<br>entry points for trail users that require trail users to reduce their speed. Barricade points must include signs stating that<br>agriculture activities are taking place along the trail, listing a reduced speed limit, and indicating two-way, single-file<br>traffic. |  |  |  |  |  |  |  |  |
| d.                   | Any trail surface damage caused by the Permittee is the sole responsibility of the Permittee and must be restored or repaired to pre-construction or better conditions using the same type and quality materials as approved by the Sauk County. Upon failure to perform by the Permittee within 20 days of notification by Sauk County of needed repairs or  |  |  |  |  |  |  |  |  |

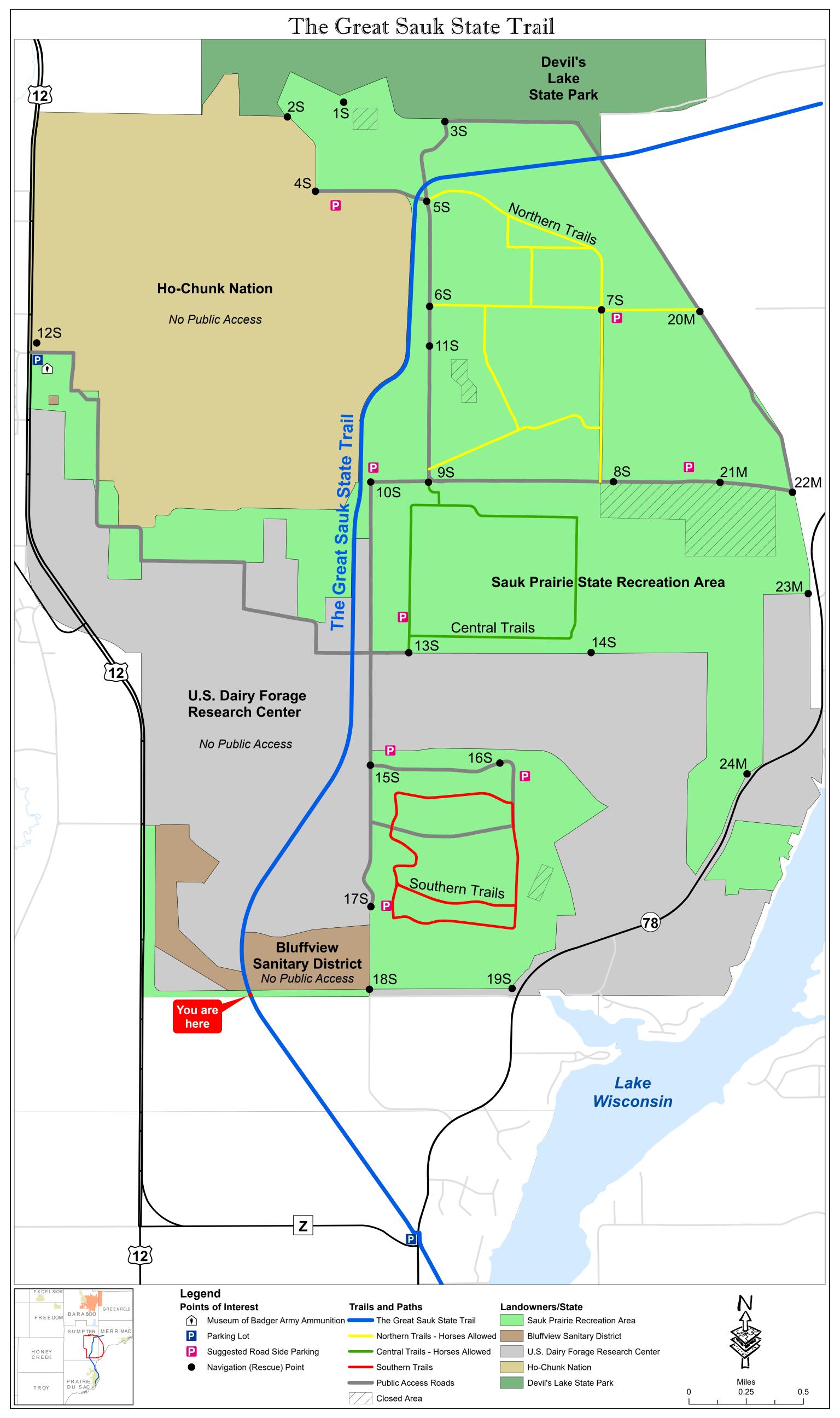
## <u>TEMPORARY AUTHORIZATION PERMIT</u> Wisconsin Department of Transportation - Private Work Project

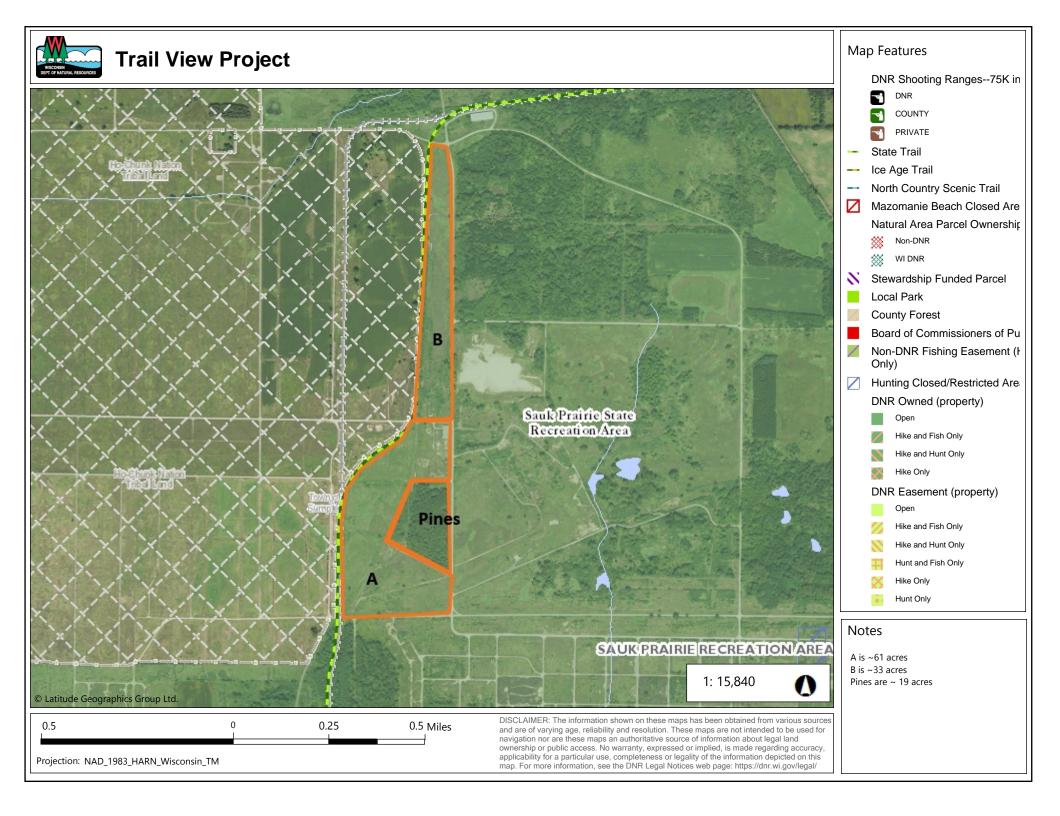
| e.       | restoration, repairs or restoration may be contracted by the Sauk County and the Permittee shall be liable for all costs<br>associated with such repairs and restoration.<br>Any pesticide application shall be in accordance with DNR (Department of Natural Resources) manual Code 4230.1<br>covering DATCP (Department of Agricultural Trade and Consumer Protection) certification and DNR policy. Sauk<br>County shall be notified 24 hours in advance of any pesticide application. |   |  |  |  |  |  |  |
|----------|---|---|--|--|--|--|--|--|
|          |   | Applicant, Sauk Prairie Conservation Alliance, shall save and hold the Wisconsin Department of<br>Transportation, Wisconsin & Southern Railroad L.L.C, Watco Companies and their members,<br>officers, employees, subsidiaries and affiliates, Wisconsin River Rail Transit Commission and the<br>Wisconsin Department of Natural Resources employees, harmless from and against all liability,<br>damage, loss, claims, demands and actions of any nature whatsoever which arise out of or is directly<br>connected with, or is directly connected with, any act, omission or operation of Applicant, (Sauk<br>Prairie Conservation Alliance) its agents, servants, subcontractors or employees, or which arises out of<br>or is directly connected with, or arises out of any accident or occurrence which happens in or about<br>the project due to the act or omission of the Applicant. The applicant (Sauk Prairie Conservation<br>Alliance) shall, at its own expense, investigate all such claims and demands, attend to their settlement<br>or other disposition, defend all actions based thereon, and pay all charges of attorneys and all other<br>costs and expenses of any kind arising from any such liability, damage loss, claims, demands and<br>actions. This indemnification agreement by the Applicant, Sauk Prairie Conservation Alliance,<br>includes liability for the indemnities' own negligence. |  |  |  |  |  |  |
| En<br>Ag | tire<br>reement:  | This agreement and attachments hereto contain the entire agreement of the parties and supersede any and all prior agreements or oral understandings between the parties.  |  |  |  |  |  |  |

### <u>TEMPORARY AUTHORIZATION PERMIT</u> Wisconsin Department of Transportation - Private Work Project

## Project Applicant (Sauk Prairie Conservation Alliance)

| Joan Fordham                           | 03/25/2022 |                   |
|--|------------|-------------------|
| Approval                               | Date       |                   |
| Joan Fordham                           |            |                   |
| Name PRINTED Here                      |            |                   |
| Sauk County, Wisconsin                 |            |                   |
| Approval                               |            |                   |
| Name PRINTED Here                      |            |                   |
| Wisconsin Department of Transportation |            |                   |
| Approval                               | Date       | Approval          |
| Todd A. Wojciuk                        | Date       | Lisa A. Stern     |
| Name PRINTED Here                      |            | Name PRINTED Here |
|  |            |                   |







# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/24/2022

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.   |                             |  |                |                            |                            |   |              |         |  |
|--|-----------------------------|--|----------------|----------------------------|----------------------------|---|--------------|---------|--|
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on   |                             |  |                |                            |                            |   |              |         |  |
| this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).  PRODUCER Steve or Matt Eddington Steve or Matt Eddington  |                             |  |                |                            |                            |   |              |         |  |
|  |                             |  | NAME:<br>PHONE | Oleve of I                 | 0                          |   | <u> </u>     | 20 7404 |  |
| Associated Insurance Agency Inc  |                             | (A/C, No<br>E-MAIL   | , EXT): '      | 38-8444                    | (A/C, No):                 | 608) 8  | 38-7121      |         |  |
| 4851 Larson Beach Road   |                             |  | ADDRES         | s: medaingt                | on@Associate               | dInsuranceAgency.com                            |              |         |  |
|  |                             |  |                |                            |                            | NAIC #  |              |         |  |
| McFarland<br>INSURED   | INSURER A: Owners Insurance |  |                |                            |                            | 32700   |              |         |  |
| The Sauk Prairie Conservation  |                             | INSURER B :  |                |                            |                            |   |              |         |  |
| c/o Joan Fordham   | INSURE                      |  |                |                            |                            |   |              |         |  |
| 125 15th Ave.  |                             |  | INSURE         |                            |                            |   |              |         |  |
| Baraboo  |                             | WI 53913-1321  | INSURE         |                            |                            |   |              |         |  |
|  |                             |  | INSURE         | RF:                        |                            |   |              |         |  |
|  |                             | NUMBER: 2022-23  |                |                            |                            | REVISION NUMBER:                                |              |         |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                             |  |                |                            |                            |   |              |         |  |
| INSR<br>LTR TYPE OF INSURANCE  | ADDL SUB                    | POLICY NUMBER  |                | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |              |         |  |
| COMMERCIAL GENERAL LIABILITY   |                             |  | T              |                            |                            | EACH OCCURRENCE \$                              | 1,00         | 0,000   |  |
| CLAIMS-MADE 🗙 OCCUR  |                             |  |                |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$ | 50,0         | 00      |  |
|  |                             |  |                |                            |                            | MED EXP (Any one person) \$                     | 5,00         | 0       |  |
| A  |                             | 61271749   |                | 04/01/2022                 | 04/01/2023                 | PERSONAL & ADV INJURY \$                        | 1,00         | 0,000   |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |                             |  |                |                            |                            |   | \$ 2,000,000 |         |  |
|  |                             |  |                |                            |                            | PRODUCTS - COMP/OP AGG \$                       | 2,00         | 0,000   |  |
| OTHER:   |                             |  |                |                            |                            | \$  |              |         |  |
|  |                             |  |                |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)          | \$           |         |  |
| ANY AUTO   |                             |  |                |                            |                            | BODILY INJURY (Per person) \$                   |              |         |  |
| OWNED SCHEDULED  |                             |  |                |                            |                            | BODILY INJURY (Per accident) \$                 |              |         |  |
| AUTOS ONLY AUTOS<br>HIRED NON-OWNED  |                             |  |                |                            |                            | PROPERTY DAMAGE                                 |              |         |  |
| AUTOS ONLY AUTOS ONLY  |                             |  |                |                            |                            | (Per accident)                                  |              |         |  |
| UMBRELLA LIAB OCCUR  |                             |  |                |                            |                            | EACH OCCURRENCE \$                              |              |         |  |
|  |                             |  |                |                            |                            | AGGREGATE \$                                    |              |         |  |
| CLAIMS-MADE  |                             |  |                |                            |                            | AGGREGATE \$                                    |              |         |  |
| DED         RETENTION \$           WORKERS COMPENSATION  |                             |  |                |                            |                            | PER OTH-  |              |         |  |
|  |                             |  |                |                            |                            |   |              |         |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?   | N/A                         |  |                |                            |                            | E.L. EACH ACCIDENT \$                           |              |         |  |
| (Mandatory in NH)  |                             |  |                |                            |                            | E.L. DISEASE - EA EMPLOYEE \$                   |              |         |  |
| DÉSCRIPTION OF OPERATIONS below  | +                           |  |                |                            |                            | E.L. DISEASE - POLICY LIMIT \$                  |              |         |  |
|  |                             |  |                |                            |                            |   |              |         |  |
|  |                             |  |                |                            |                            |   |              |         |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>The Certificate Holder is an additional insured for general liability coverage via the contractual liability clause within the scope of the policy language for the<br>above referenced policies and where permitted by law.   |                             |  |                |                            |                            |   |              |         |  |
|  |                             |  |                |                            |                            |   |              |         |  |
|  |                             |  |                |                            |                            |   |              |         |  |
| CERTIFICATE HOLDER   |                             |  | CANC           | ELLATION                   |                            |   |              |         |  |
| State of WI DNR and its employ<br>S5975 Park Road  | THE                         | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                |                            |                            |   |              |         |  |
| 00070 Faik Kuau  |                             |  | AUTHOR         | IZED REPRESE               |                            |   |              |         |  |
| Baraboo  | Mit Ely                     |  |                |                            |                            |   |              |         |  |

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DATE (MM/DD/YYYY) 03/24/2022

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|--|---------|-------------|-----------------------------|---------------------------|--|----------------------------|---|--------------|---------|
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).  |         |             |                             |                           |  |                            |   |              |         |
|  | o the c | certifi     | cate holder in lieu of sucr | CONTA                     |  | Vatt Eddington             |   |              |         |
|  |         |             |                             | NAME:<br>PHONE            | Oleve of I   | 0                          |   | 600) 0       | 20 7101 |
| Associated Insurance Agency Inc  |         |             |                             | (A/C, No                  | o, Ext): (000) 0   | 38-8444                    | (A/C, No):                                      | 608) 8       | 38-7121 |
| 4851 Larson Beach Road   |         |             |                             | ADDRE                     | ss: medaingt   | on@Associate               | dInsuranceAgency.com                            |              |         |
|  |         |             |                             |                           |  |                            | RDING COVERAGE                                  |              | NAIC #  |
| McFarland WI 53558   |         |             |                             | INSURE                    | .n A .   | Insurance                  |   |              | 32700   |
| The Sauk Prairie Conservation Alliance   |         |             |                             |                           | INSURER B :  |                            |   |              |         |
| c/o Joan Fordham   | /       |             |                             | INSURE                    |  |                            |   |              |         |
| 125 15th Ave.  |         |             |                             | INSURE                    |  |                            |   |              |         |
|  |         |             | WI 52012 1221               | INSURE                    |  |                            |   |              |         |
| Baraboo  |         |             | WI 53913-1321               | INSURE                    | RF:  |                            |   |              |         |
|  |         |             | NUMBER: 2022-23             |                           |  |                            | REVISION NUMBER:                                |              |         |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |         |             |                             |                           |  |                            |   |              |         |
| INSR<br>LTR TYPE OF INSURANCE  |         | SUBR<br>WVD | POLICY NUMBER               |                           | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |              |         |
| COMMERCIAL GENERAL LIABILITY   | 1       |             |                             |                           |  |                            | EACH OCCURRENCE \$                              | 1,00         | 0,000   |
| CLAIMS-MADE 🔀 OCCUR  |         |             |                             |                           |  |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$ | 50,0         | 00      |
|  |         |             |                             |                           |  |                            | MED EXP (Any one person) \$                     | 5,00         | 0       |
| A  |         |             | 61271749                    |                           | 04/01/2022   | 04/01/2023                 | PERSONAL & ADV INJURY \$                        | 1,00         | 0,000   |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |         |             |                             |                           |  |                            | GENERAL AGGREGATE \$                            | \$ 2,000,000 |         |
|  |         |             |                             |                           |  |                            | PRODUCTS - COMP/OP AGG \$                       | 2,00         | 0,000   |
| OTHER:   |         |             |                             |                           |  |                            |   | \$           |         |
| AUTOMOBILE LIABILITY   |         |             |                             |                           |  |                            | COMBINED SINGLE LIMIT<br>(Ea accident)          |              |         |
| ANY AUTO   |         |             |                             |                           |  |                            |   | \$           |         |
| OWNED SCHEDULED AUTOS  |         |             |                             |                           |  |                            | BODILY INJURY (Per accident) \$                 |              |         |
| HIRED NON-OWNED  |         |             |                             |                           |  |                            | PROPERTY DAMAGE (Per accident)                  |              |         |
| AUTOS ONLY AUTOS ONLY  |         |             |                             |                           |  |                            | (Per accident)                                  |              |         |
| UMBRELLA LIAB OCCUR  |         |             |                             |                           |  |                            | EACH OCCURRENCE \$                              |              |         |
| EXCESS LIAB CLAIMS-MADE  |         |             |                             |                           |  |                            | AGGREGATE \$                                    |              |         |
|  |         |             |                             |                           |  |                            | S S   |              |         |
| DED         RETENTION \$           WORKERS COMPENSATION  |         |             |                             |                           |  |                            | PER OTH-  |              |         |
| AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE   |         |             |                             |                           |  |                            |   |              |         |
| OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)  | N/A     |             |                             |                           |  |                            | E.L. EACH ACCIDENT \$                           |              |         |
| If yes, describe under   |         |             |                             |                           |  |                            | E.L. DISEASE - EA EMPLOYEE \$                   |              |         |
| DÉSCRIPTION OF OPERATIONS below  | 1       |             |                             |                           |  |                            | E.L. DISEASE - POLICY LIMIT \$                  |              |         |
|  |         |             |                             |                           |  |                            |   |              |         |
|  |         |             |                             |                           |  |                            |   |              |         |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL   | •       |             |                             |                           |  | ,                          |   |              |         |
| The Certificate Holder is an additional insured for general liability coverage via the contractual liability clause within the scope of the policy language for the<br>above referenced policies and where permitted by law.   |         |             |                             |                           |  |                            |   |              |         |
|  |         |             |                             |                           |  |                            |   |              |         |
|  |         |             |                             |                           |  |                            |   |              |         |
|  |         |             |                             |                           |  |                            |   |              |         |
| CERTIFICATE HOLDER   |         |             |                             | CANC                      | ELLATION   |                            |   |              |         |
| WSOR, WisDOT, WRRTC  |         |             |                             |                           | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |   |              |         |
|  |         |             |                             | AUTHORIZED REPRESENTATIVE |  |                            |   |              |         |

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