

# *Cline Properties Vision, LLC*

June 22, 2020

Madison County, Mississippi  
P. O. Box 608  
Canton, MS 39046

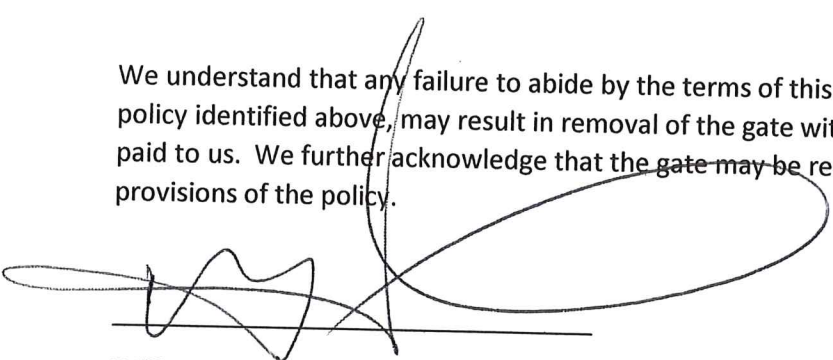
Dear Board:

As part of the request of the undersigned party to install a traffic control gate on a public street, we hereby acknowledge the receipt of and agree to abide by the terms of the County's "Policy Regarding Gated Public Streets, dated October 17, 2011."

We specifically agree to indemnify and hold harmless the County from any and all costs associated with defending any claims associated in any way with the approval of this request and the installation and maintenance of the gate or gates.

We understand and agree that before any gate or gates are installed, we will furnish proof of insurance, in a form acceptable to the County, in an amount not less than \$1,000,000.00, with the County named as a named insured.

We understand that any failure to abide by the terms of this agreement, or any terms of the County's policy identified above, may result in removal of the gate with no compensation or damages of any type paid to us. We further acknowledge that the gate may be removed at any time in accordance with the provisions of the policy.



Willie J. Cline, Developer  
Applicant

Accepted by:

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On behalf of Madison County, Mississippi



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED 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. 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).**

<b>PRODUCER</b> Signature Insurance Agency 15 Northtown Dr Ste 1  Jackson MS 39211-3048		<b>CONTACT NAME:</b> Wilbert Jones <b>PHONE (A/C, No, Ext):</b> 769-524-6670 <b>E-MAIL ADDRESS:</b> signatureagencyms@gmail.com		<b>FAX (A/C, No):</b> 601-510-9013
<b>INSURED</b>  Cline Properties Vision 1364 Stump Bridge Rd  Canton MS 39046-9777		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Western World Insurance Company		<b>NAIC #</b>
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			NPP8651081	01/16/2020	01/16/2021	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ INCLUDED
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRONT GATE SUBDIVISION:  
213Z MOSS ROAD  
CANTON, MS 39046

**CERTIFICATE HOLDER****CANCELLATION**

Madison County Board of Supervisors

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
WILBERT JONES

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Madison County Board of Supervisors  
Madison County, Mississippi  
E-911 Administrative Office  
1633 W. Peace Street  
P.O. Box 608  
Canton, MS 39046  
(t): 601-859-6485 (f): 601-859-4743

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Date: 06/15/2020

To: THE VISION ENTRANCE GATE

Re: Address for Parcel  
(GPS: 32.609773 -89.951931)  
Structure: Z (UTILITY PURPOSE ONLY)  
Subdivision: VISION SUBDIVISION PT 1-A THE

Per your request, we have determined your new address to be:

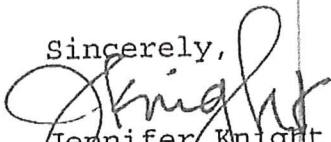
213Z MOSS RD  
CANTON, MS 39046

Please find enclosed the E-911 ordinance for the maintenance of the Madison County Emergency Response System. We ask for your cooperation in marking your residence or structure as stated per the ordinance. This is very important in emergency response.

Because an address is based on an access point of a structure, please note that for some unforeseen reason the access point that this address assigned from should change, it is very important that you contact our office with the new information.

If you have any additional questions or need further assistance with this matter, please contact our office.

Sincerely,

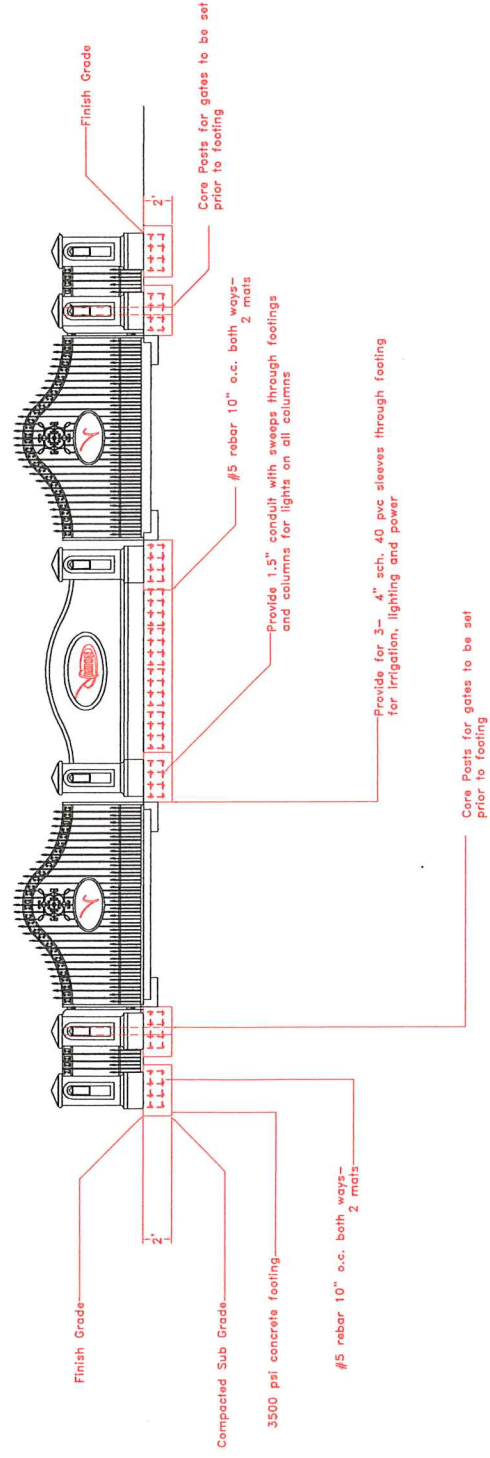


Jennifer Knight

Madison County E-911 Administration

cc: Postmaster (CANTON)  
Madison Co. Sheriff Dept.  
Madison Co. Tax Assessor  
Madison Co. GIS Dept.  
Madison Co. Road Dept.  
Madison Co. ESN: 195

# Entry Section



VISION  
Canton, MS

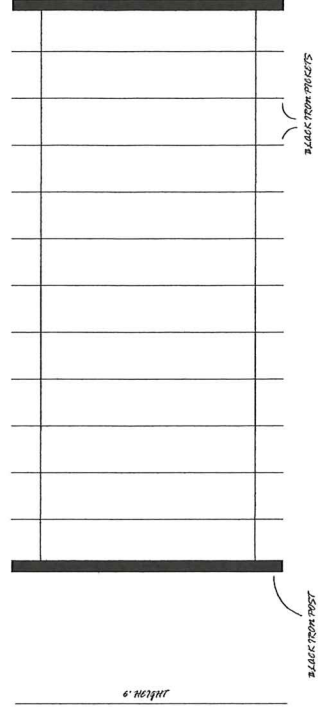
TITLE	VISION
DATE	8-13-12
JOB NO.	
DRAWN BY	TRP
Scale	1/4" = 1'-0"

REVISIONS	
NO.	DATE

TERRE POWELL  
LANDSCAPE ARCHITECT  
12700 N. Highway 101  
Suite 100  
Canton, MS 38921  
901-402-9444  
TPowell@terrepa.com

# Entry Plan

STANDARD FENCE DETAIL ALONG MOSS ROAD



06 D, D, Blanchard Magnolia 4.6'  
Proposed Landscape Element



Vision  
Canton, MS

TITLE:	
DATE:	8-13-12
JOB NO.:	
DRAWN BY:	TRP
Scale:	1" = 30'-0"

REVISIONS	
NO.	DATE

TERRY POWELL  
LANDSCAPE ARCHITECT  
137 Allison Park Boulevard  
Canton, MS 39014  
901-401-1044  
TPowell@powell.net