

# MEMO

**To:** Madison County Board of Supervisors  
**From:** Brad Sellers  
**Subject:** Gated Public Streets/Twin Cedars Subdivision  
**Date:** July 29, 2013

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Pursuant to the Gated Public Street policy, the gates placed on Twin Cedars Drive and Quail Hollow have been inspected and approved by Planning and Zoning and the County Engineer. Certificate of liability insurance is provided.

## Brad Sellers

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**From:** JP Myrick <jpmyrick@warnockandassociates.com>  
**Sent:** Wednesday, July 24, 2013 11:50 AM  
**To:** Brad Sellers  
**Subject:** gated publis street policy Twin Cedars

Brad,  
After inspecting the gates at Twin Cedars with Scot Weeks, we found that everything is functioning properly. The gates are located on Twin Cedars drive and Quail Hollow.

Thanks,  
JP Myrick

**Scott Weeks**

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**To:** bws@madison-co.com  
**Subject:** Twin Cedars Subdivison ( Gated Public Street )

07-24-2013  
Re: Twin Cedars Subdivision ( Madison County Gated Public Street Policy )

Brad,

An inspection was made on the front gate of Twin Cedars Drive and the rear gate on Quail Hollow.  
Both of the gates meet the "Madison County Gated Public Street Policy" and all requirements have been met.

Thanks,



Scott Weeks, Administrative Assistant  
Planning and Zoning

[DATE] *July 24th, 2013*

Madison County, Mississippi  
Post Office Box 608  
Canton, Mississippi 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."

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.

*TWIN CEDARS HOMEOWNERS ASSN -  
P.O. Box 2677, MADISON, MS - 39130  
RAY L. BUTLER, PRESIDENT*

*Ray L. Butler*

[Applicant]

Accepted by:

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On behalf of Madison County, Mississippi

**Exhibit 1**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/21/2013

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 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> State Farm Insurance Agent Rodney Stokes P O Box 2130 Madison, MS 39130	<b>CONTACT NAME</b> Calamity Davis <b>PHONE</b> (A/C, Ho, Ext): 601.856.8009 <b>E-MAIL</b> ADDRESS: calamity.davis.nl16@statefarm.com <b>FAX</b> (A/C, No): 601.856.7735
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**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 SUBR INSE WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Liability GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		99-B9-3156-4	03/26/2013	03/26/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPIOP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DEC RETENTIONS	<input type="checkbox"/> OCCUR <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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b> Madison County Board of Supervisors P O Box 608 Canton, MS 39046	<b>CANCELLATION</b> 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 <i>Calamity Davis</i>
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