



Building a Better World  
for All of Us®

May 31, 2017

RE: 2016 Seal Coat Improvements  
Cannon Falls, Minnesota  
SEH No. CANNO 123363

Mr. Ron Johnson  
City of Cannon Falls  
918 River Road  
Cannon Falls, MN 55009

Dear Mr. Johnson:

Please find enclosed Application for Payment No. 2 (Final) for the above-referenced project, together with the following documentation:

- Consent of the surety to final payment
- Lien waivers
- Withholding Affidavit for Contractors and Subcontractors (IC 134 form)

We have reviewed the Application for Payment, and recommend payment to Allied Blacktop Co. in the amount of \$2,887.05. This represents 100% completion of the work.

The 1-year warranty period will commence with the final payment for this project. To ensure that any needed corrections are addressed during this warranty period, a final inspection of the project will be made prior to warranty expiration and the findings reported to the City.

Please don't hesitate to contact me with any questions or comments. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Greg Anderson', is written over a light blue horizontal line.

Greg Anderson, PE, PE  
Project Manager

ah

Enclosure

c: Allied Blacktop Co.

s:\ae\c\canno\123363\7-const-srvices\73-contr-app-pay\seal coat project\\_afp final ltr to city 2017 05 31.docx



**Application for Payment**  
 (Unit Price Contract)  
 No. 2 - Final

Eng. Project No.: CANNO 123363

Location: Cannon Falls, Minnesota

Contractor <u>Allied Blacktop Co.</u>	Contract Date <u>May 4, 2016</u>
<u>10503 89th Ave. N.</u>	
<u>Maple Grove, MN 55369</u>	Contract Amount <u>\$ 50,826.00</u>

Contract for 2016 Seal Coat Improvements

Application Date <u>10/3/16</u>	For Period Ending <u>9/30/16</u>
---------------------------------	----------------------------------

Item No.	Item	Unit	Est. Quantity	Quantity to Date	Unit Price	Total Price
1	MOBILIZATION	LS	1	<u>1</u>	\$1,500.00	<u>\$1,500.00</u>
2	TRAFFIC CONTROL	LS	1	<u>1</u>	1,500.00	<u>\$1,500.00</u>
3	FA2 - 1/8-INCH ROCK	TON	362	<u>378</u>	105.00	<u>\$39,690.00</u>
4	BITUMINOUS MATERIAL FOR SEAL COAT	GAL	9416	<u>7051</u>	1.00	<u>\$7,051.00</u>
5	STREET SWEEPER WITH PICK-UP BROOM	HRS	8	<u>8</u>	50.00	<u>\$400.00</u>
<b>Total Contract Amount</b>						<u><b>\$50,141.00</b></u>

**Application for Payment (continued)**

Total Contract Amount	\$ <u>50,826.00</u>	Total Amount Earned	\$ <u>50,141.00</u>
Contract Change Order No. _____		Material Suitably Stored on Site, Not Incorporated into Work	_____
Contract Change Order No. _____		Percent Complete _____	_____
Contract Change Order No. _____		Percent Complete _____	_____
Less Previous Applications:		GROSS AMOUNT DUE	\$ <u>50,141.00</u>
AFP No. 1: <u>47,253.95</u>	AFP No. 6: _____	LESS _____ % RETAINAGE	\$ _____
AFP No. 2: _____	AFP No. 7: _____	AMOUNT DUE TO DATE	\$ <u>50,141.00</u>
AFP No. 3: _____	AFP No. 8: _____	LESS PREVIOUS APPLICATIONS	\$ <u>47,253.95</u>
AFP No. 4: _____	AFP No. 9: _____	AMOUNT DUE THIS APPLICATION	\$ <u>2,887.05</u>
AFP No. 5: _____			

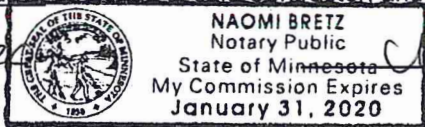
**CONTRACTOR'S AFFIDAVIT**

The undersigned Contractor hereby swears under penalty of perjury that (1) all previous progress payments received from the Owner on account of work performed under the Contract referred to above have been applied by the undersigned to discharge in full all obligations of the undersigned incurred in connection with work covered by prior Applications for Payment under said contract, 2016 Seal Coat Improvements, Cannon Falls, Minnesota, and (2) all material and equipment incorporated in said Project or otherwise listed in or covered by this Application for Payment and free and clear of all liens, claims, security interests and encumbrances.

Date May 24, 2017 Allied Blacktop Co.  
 (Contractor)  
 COUNTY OF Hennepin )  
 STATE OF Minnesota ) SS By Peter M Capistrant  
 (Name and Title)  
Peter M Capistrant

Before me on this 24 day of May, 2017, personally appeared  
Peter M Capistrant known to be, who being duly sworn did depose and say that he is the President (office) of the Contractor above mentioned that he executed the above Application for Payment and Affidavit on behalf of said Contractor; and that all of the statements contained therein

My Commission expires 1-31-2020



Naomi Bretz  
 (Notary Public)

The undersigned has checked the Contractor's Application for Payment shown above. A part of this Application is the Contractor's Affidavit stating that all previous payments to him under this contract have been applied by him to discharge in full all of his obligations in connecting with the work by all prior Applications for Payment.

In accordance with the Contract, the undersigned recommends approval of payment to the Contractor for the Amount due.

[Signature]

**Short Elliott Hendrickson Inc.**

By Greg Anderson, PE  
 Date May 31, 2017

**City of Cannon Falls**

By \_\_\_\_\_  
 Date \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

ALLIE12

OP ID: BL

DATE (MM/DD/YYYY)  
05/06/2016

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> Northern Capital Insurance Gro Wayne Mann Agency P.O. Box 9396 Minneapolis, MN 55440-9396 Paul Domaas	<b>CONTACT NAME:</b> Brenda L Parker	
	<b>PHONE (A/C, No., Ext):</b> 952-996-8866 <b>FAX (A/C, No.):</b> 952-829-0482 <b>E-MAIL ADDRESS:</b> brendaparker@northerncapital-mn.com	
<b>INSURED</b> Allied Blacktop Company 10503 89th Avenue No Maple Grove, MN 55369	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> United Fire & Casualty Company	13021
	<b>INSURER B:</b> Midwest Employers Casualty/TBG	23612
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</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 INSR	SUBR VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BLKT ADDTL INSD <input checked="" type="checkbox"/> CMPLTD OPS A/I GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			604630026	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 PD Ded. \$ 1,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			604630026	05/01/2016	05/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			604630026	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	14-0000303 MN EMPLOYEES ONLY	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater			604630026	05/01/2016	05/01/2017	Equipment 2,385,977
Q	Rental Equipment			604630026			Blanket 175,000

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

Re: 2016 Seal Coat Improvements, Cannon Falls, MN SEH No: CANNO 123363 14.00  
 City of Cannon Falls and Short Elliott Hendrickson Inc. is included as additional insured on the general liability when required by written contract/agreement, provided the contract was executed prior to a loss.

**CERTIFICATE HOLDER**

CITCA-1

City of Cannon Falls, MN  
 918 River Road  
 Cannon Falls, MN 55008

**CANCELLATION**

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

# Consent of Surety to Final Payment

OWNER   
ARCHITECT   
CONTRACTOR   
SURETY   
OTHER

AIA DOCUMENT G707

TO OWNER: City of Cannon Falls  
*(Name and address)* 918 River Road  
Cannon Falls, MN 55009

ARCHITECT'S PROJECT NO.:

CONTRACT FOR:  
2016 Seal Coat Improvements

PROJECT: 2016 Seal Coat Improvements  
*(Name and address)*

CONTRACT DATED:  
5-4-2016

In accordance with the provisions of the Contract between the Owner and the Contractor as included above, the  
Western Surety Company, 101 South Phillips Avenue, Sioux Falls, SD 57104 Bond No. 929630619,  
*(Insert name and address of Surety)*

SURETY, on bond of Allied Blacktop Company  
*(Insert name and address of Contractor)*

10503-89th Avenue North, Maple Grove, MN 55369, CONTRACTOR,  
hereby approves of the final payment to the Contractor, and agrees that final payment to the Contractor shall not relieve the

Surety of any of its obligations to City of Cannon Falls  
*(Insert name and address of Owner)*


918 River Road, Cannon Falls, MN 55009, OWNER,  
as set forth in the said Surety's bond.

IN WITNESS WHEREOF, the Surety has hereunto set its hand on this date: 5-24-2017  
*(Insert in writing the month followed by the numeric date and year.)*

Attest:  
(Seal):



Western Surety Company  
(Surety)



*(Signature of authorized representative)*

John G. Hagberg, Attorney-in-fact  
*(Printed name and title)*



ACKNOWLEDGMENT OF PRINCIPAL (Individual)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally come(s) \_\_\_\_\_, to me known and known to me to be the person(s) who (is) (are) described in and who executed the foregoing instrument and acknowledge(s) to me that \_\_\_\_\_ he \_\_\_\_\_ executed the same.

\_\_\_\_\_  
NOTARY PUBLIC

ACKNOWLEDGMENT OF PRINCIPAL (Partnership)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally come(s) \_\_\_\_\_, a member of the co-partnership of \_\_\_\_\_, to me known and known to me to be the person who is described in and who executed the foregoing instrument, and acknowledges to me that he executed the same as and for the act and deed of the said co-partnership.

\_\_\_\_\_  
NOTARY PUBLIC

ACKNOWLEDGMENT OF PRINCIPAL (Corporation)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.:

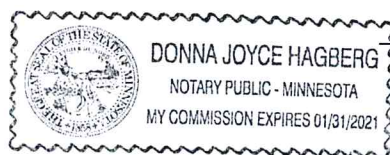
On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally come(s) \_\_\_\_\_, to me known, who, being by me duly sworn, deposes and says that he resides in the City of \_\_\_\_\_ that he is the \_\_\_\_\_ of the \_\_\_\_\_ the corporation described in and which executed the foregoing instrument; that he knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

\_\_\_\_\_  
NOTARY PUBLIC

ACKNOWLEDGMENT OF SURETY

STATE OF Minnesota }  
COUNTY OF Hennepin } ss.:

On this 24 day of MAY, in the year 2017, before me personally come(s) John G. Hagberg Attorney(s)-in-Fact of Western Surety Company with whom I am personally acquainted, and who, being by me duly sworn, says that he reside(s) in Plymouth, MN that he is (are) the Attorney(s)-in-Fact of Western Surety Company, the Company described in and which executed the within instrument; that he know(s) the corporate seal of such Company; and that the seal affixed to the within instrument is such corporate seal and that it was affixed by order of the Board of Directors of said Company, and that he signed said instrument as Attorney(s)-in-Fact of the said Company by like order.



Donna J. Hagberg  
NOTARY PUBLIC

# Western Surety Company

## POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

**John G Hagberg, Judith L Jorissen, Garth R Fisher, Individually**

of Bloomington, MN, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

**- In Unlimited Amounts -**

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 5th day of May, 2017.



WESTERN SURETY COMPANY

Paul T. Bruflat  
Paul T. Bruflat, Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 5th day of May, 2017, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires  
June 23, 2021



J. Mohr  
J. Mohr, Notary Public

### CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 24 day of MAY, 2017.



WESTERN SURETY COMPANY

L. Nelson  
L. Nelson, Assistant Secretary

WAIVER AND RELEASE OF LIEN

WHEREAS, the undersigned, Flint Hills Resources, LP, has furnished to Allied Blacktop  
Company ("Contractor"), the following product: CRS-2  
Name of Contractor Name of Product  
sold pursuant to Contract number 6482674, between the  
Enter Flint Hills Resources, LP Contract Number  
dates of May 1st and August 16th, 2016, for use in the construction of a  
project belonging to \_\_\_\_\_ (the "Project"), and  
Name of Municipality, County, or State  
designated as Project: Cannon Falls.  
Project Number or Name

NOW THEREFORE, Flint Hills Resources, LP, for and in consideration of at least  
\$ 14,640.06, and other good and valuable consideration, the receipt whereof is hereby  
acknowledged, do(es) hereby waive and release any and all liens, or right to claim of lien, on  
the Project and premises, under any law, common or statutory, on account of labor or  
materials, or both, heretofore or hereafter furnished by Flint Hills Resources, LP, to or for the  
account of said Contractor for the Project.

Given under my hand, this 31st day of May, 2017.

Flint Hills Resources, LP

*Kim Woodbridge*

Kim Woodbridge

Credit Manager



## RECEIPT AND WAIVER OF MECHANICS LIEN RIGHTS

The undersigned hereby acknowledges that payment has been received in full from Allied Blacktop Company, for 1/8" Trap Rock purchased from the undersigned delivered or furnished to (or performed at) City of Cannon Falls, MN and for value received hereby waives those rights which may have been acquired by the undersigned to file mechanics liens against said premises on account of the above described labor and/or materials delivered and furnished by the undersigned, to the extent only of the amount of the aforesaid payment; and the undersigned hereby expressly reserves the right to assert, without prejudice to it's heretofore existing priority, mechanics lien rights against said premises for labor and/or materials delivered and/or furnished to said premises payment for which is not included in the aforesaid payment.

Dated this 24 day of May, 2017

By: Roderick [Signature] for Dresser Trap Rock, Inc.

Title: Office

Dresser Trap Rock, Inc.  
P.O. Box 517  
Dresser, WI 54009  
(800) 537-3573

2016 Invoices



## Contractor Affidavit Submitted

Thank you, your Contractor Affidavit has been approved.

### Confirmation Summary

Confirmation Number: 1-436-943-680  
Submitted Date and Time: 26-Jan-2017 12:23:18 PM  
Legal Name: ALLIED BLACKTOP COMPANY  
Federal Employer ID: 41-0827871  
User Who Submitted: N10503  
Type of Request Submitted: Contractor Affidavit

### Affidavit Summary

Affidavit Number: 1229635584  
Minnesota ID: 8606387  
Project Owner: CITY OF CANNON FALLS  
Project Number: 123363  
Project Begin Date: 16-Aug-2016  
Project End Date: 14-Sep-2016  
Project Location: VARIOUS ROADS AND STREETS  
Project Amount: \$50,141.00  
Subcontractors: No Subcontractors

### Important Messages

A copy of this page must be provided to the contractor or government agency that hired you.

### Contact Us

If you need further assistance, contact our Withholding Tax Division at 651-282-9999, (toll-free) 800-657-3594, or (email) [withholding.tax@state.mn.us](mailto:withholding.tax@state.mn.us). Business hours are 8:00 a.m. - 4:30 p.m. Monday - Friday.

Please [print this page](#) for your records using the print or save functionality built into your browser.