



Building a Better World
for All of Us®

September 4, 2019

RE: Alexander Court
City of Cannon Falls
SEH No. CANNO 140030

David Maroney
City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Mr. Maroney, City Administrator:

Please find enclosed Application for Payment No. 4 (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 Rochester Sand & Gravel in the amount of \$10,696.69. 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
City Engineer

ah

Enclosure

c: Rochester Sand & Gravel

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Application for Payment
(Unit Price Contract)
No. 4 - Final

Eng. Project No.: CANNO 140030

Location: City of Cannon Falls

Contractor <u>Rochester Sand & Gravel</u>	Contract Date <u>April 18, 2017</u>
<u>4105 E. River Rd. NE</u>	
<u>Rochester, MN 55906</u>	Contract Amount <u>\$ 207,780.60</u>

Contract for Alexander Court

Application Date 8/1/19

For Period Ending 7/31/19

Item No.	Item	Unit	Est. Quantity	Quantity to Date	Unit Price	Total Price
1	MOBILIZATION	LS	1	1	\$5,477.00	\$5,477.00
2	TRAFFIC CONTROL	LS	1	1	100.00	\$100.00
3	CLEAR AND GRUB	ACRE	0.7	0.7	8,000.00	\$5,600.00
4	REMOVE CONCRETE CURB & GUTTER	LF	95	100	1.00	\$100.00
5	REMOVE BITUMINOUS PAVEMENT	SY	25	0	1.00	
7	SAWCUT BITUMINOUS PAVEMENT (FULL DEPTH)	LF	100	100	2.50	\$250.00
8	COMMON EXCAVATION (P) (EV)	CY	846	846	15.00	\$12,690.00
9	TOPSOIL BORROW (4") (CV)	CY	100	98	8.00	\$784.00
10	SUBGRADE PREPARATION	RD STA	8	8	100.00	\$800.00
11	4" INSULATION	SY	20	0	15.00	
12	SELECT GRANULAR BORROW (CV)	CY	1761	2759	15.00	\$41,385.00
13	AGGREGATE BASE CLASS 5 (CV)	CY	776	705	20.00	\$14,100.00
14	BITUMINOUS BASE COURSE MIXTURE SPNWB230B	TON	525	463.95	49.00	\$22,733.55
15	BITUMINOUS WEARING COURSE MIXTURE SPWEA240B	TON	350	334	49.00	\$16,366.00
16	CONCRETE CURB & GUTTER, DESIGN B618	LF	1440	1433	12.90	\$18,485.70
17	FURNISH AND INSTALL HYDRANT & VALVE BOX	EACH	1	1	3,700.00	\$3,700.00
18	FURNISH & INSTALL SIGN	EACH	3	3	250.00	\$750.00
19	SEDIMENT CONTROL LOG TYPE COMPOST	LF	60	0	2.50	
20	SILT FENCE, TYPE MACHINE SLICED	LF	1020	1150	1.50	\$1,725.00

Item No.	Item	Unit	Est. Quantity	Quantity to Date	Unit Price	Total Price
21	EROSION CONTROL BLANKET CAT. 3N	SY	415	<u>415</u>	1.60	<u>\$664.00</u>
22	EROSION CONTROL BLANKET CAT. 4N	SY	112	<u>112</u>	1.80	<u>\$201.60</u>
23	SEEDING	ACRE	.70	<u>0.7</u>	3,550.00	<u>\$2,485.00</u>
24	15" RC PIPE APRON W/ TRASH GUARD	EACH	1	<u>1</u>	1,670.00	<u>\$1,670.00</u>
25	15" RC PIPE SEWER DE 3006 CL V	LF	88	<u>77</u>	49.00	<u>\$3,773.00</u>
26	73" SPAN RC PIPE-ARCH APRON W/ TRASH GUARD	EACH	4	<u>4</u>	4,200.00	<u>\$16,800.00</u>
27	73" SPAN RC PIPE-ARCH CULV CL IIA	LF	128	<u>128</u>	285.00	<u>\$36,480.00</u>
28	CONST. DRAIN. STRUCTURE, DES. 2'X3'	LF	3.5	<u>3.4</u>	450.00	<u>\$1,530.00</u>
29	CONST. DRAIN. STRUCTURE, DES. 48-4020	LF	4	<u>3.7</u>	520.00	<u>\$1,924.00</u>
30	CASTING ASSEMBLY - R3250-VB (CATCH BASIN)	EACH	2	<u>2</u>	1,005.00	<u>\$2,010.00</u>
31	RANDOM RIP RAP CLASS III	CY	30	<u>30</u>	45.00	<u>\$1,350.00</u>
Total Contract Amount						<u>\$213,933.85</u>

Application for Payment (continued)

Total Contract Amount	\$ <u>207,780.60</u>	Total Amount Earned	\$ <u>213,933.85</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>213,933.85</u>
AFP No. 1: <u>152,517.09</u>	AFP No. 6: _____	LESS _____ % RETAINAGE	\$ _____
AFP No. 2: <u>41,624.77</u>	AFP No. 7: _____	AMOUNT DUE TO DATE	\$ <u>213,933.85</u>
AFP No. 3: <u>9,095.30</u>	AFP No. 8: _____	LESS PREVIOUS APPLICATIONS	\$ <u>203,237.16</u>
AFP No. 4: _____	AFP No. 9: _____	AMOUNT DUE THIS APPLICATION	\$ <u>10,696.69</u>
AFP No. 5: _____			

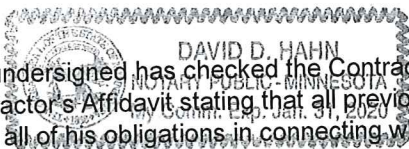
CONTRACTOR'S AFFIDAVIT

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, Alexander Court, City of Cannon Falls, 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 August 26, 2019 _____, Rochester Sand & Gravel
(Contractor)

COUNTY OF Olmsted)
STATE OF Minnesota) SS By Brian Schumacher U.P.
(Name and Title)

Before me on this 26 day of August, 2019, personally appeared
Brian Schumacher known to be, who being duly sworn did depose and
say that he is the Vice 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 January 31, 2020 _____
David P. Hahn
(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.

_____ By Greg Anderson
Date 9/26/19

Short Elliott Hendrickson Inc.

City of Cannon Falls

_____ By _____
Date _____



Contractor Affidavit Submitted

Thank you, your Contractor Affidavit has been approved.

Confirmation Summary

Confirmation Number: 0-328-648-736
 Submitted Date and Time: 26-Aug-2019 4:37:36 PM
 Legal Name: MATHY CONSTRUCTION CO
 Federal Employer ID: 39-0752519
 User Who Submitted: mathy1
 Type of Request Submitted: Contractor Affidavit

Affidavit Summary

Affidavit Number: 1341251584
 Minnesota ID: 8749839
 Project Owner: CITY OF CANNON FALLS
 Project Number: ALEXANDER COURT
 Project Begin Date: 01-May-2017
 Project End Date: 26-Aug-2019
 Project Location: CANNON FALLS, MN
 Project Amount: \$213,933.85

Subcontractor Summary

Name	ID	Affidavit Number
ADVANCED SEEDING & EROSION CONTROL INC	7647274	361177088
LEGENDS CONCRETE INC	4195231	1593499648
NADEAU COMPANIES LLC	2457060	1912299520

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. 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.

Jeannette Groski

From: Brian Schumacher
Sent: Saturday, August 24, 2019 9:49 AM
To: Jeannette Groski
Subject: FW: IC134 - City of Cannon Falls
Attachments: Scan_0470.pdf

Are we good?

From: Advanced Seeding <advancedseeding@bevcomm.net>
Sent: Saturday, August 24, 2019 5:43 AM
To: Brian Schumacher <Brian.Schumacher@RochSG.com>
Subject: RE: IC134 - City of Cannon Falls

This message originated outside the MTS organization.

This email is an automated notification and is unable to receive replies.

Contractor Affidavit Completed

Thank you, your Contractor Affidavit has been approved.

Confirmation Summary

Confirmation Number: 0-351-193-120
Submitted Date and Time: 22-Aug-2019 2:24:33 PM
Legal Name: ADVANCED SEEDING & EROSION CNTRL INC
Federal Employer ID: 20-2413372
User Who Submitted: Mike DeGross
Type of Request Submitted: Contractor Affidavit

Affidavit Summary

Affidavit Number: 361177088
Minnesota ID: 7647274
Project Owner: CITY OF CANNON FALLS
Project Number: 140030
Project Begin Date: 15-May-2017
Project End Date: 01-Sep-2017
Project Location: ALEXANDER CT
Project Amount: \$5,075.00
Subcontractors: No Subcontractors

Important Messages

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Contact Us

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Jeannette Groski

From: Rick Nelson <rnelson@legendsconcrete.com>
Sent: Tuesday, August 20, 2019 9:30 AM
To: Jeannette Groski
Subject: FW: Your Recent Contractor Affidavit Request

This message originated outside the MTS organization.

Morning Jeanette –

Will forward remaining information once signed, please see IC 134 below.

Thank you.

Ricky Nelson
Office Manager
Legends Concrete, Inc.
Phone 507-529-3846
Fax 507-529-7509

IMPORTANT NOTICE:

Confidential Information. The information contained in or attached to this e-mail may be confidential information subject to protection by law or terms of applicable confidentiality agreements and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you should destroy this message and notify the sender by reply e-mail.

From: MN Revenue e-Services <eservices.mdor@state.mn.us>
Sent: Tuesday, August 20, 2019 9:29 AM
To: Rick Nelson <rnelson@legendsconcrete.com>
Subject: Your Recent Contractor Affidavit Request

This email is an automated notification and is unable to receive replies.

Contractor Affidavit Completed

Thank you, your Contractor Affidavit has been approved.

Confirmation Summary

Confirmation Number: 1-078-593-568
Submitted Date and Time: 20-Aug-2019 9:29:03 AM
Legal Name: LEGENDS CONCRETE INC
Federal Employer ID: 41-1932460
User Who Submitted: Legends12
Type of Request Submitted: Contractor Affidavit

Affidavit Summary

Affidavit Number: 1593499648
Minnesota ID: 4195231
Project Owner: CITY OF CANNON FALLS
Project Number: ALEXANDER COURT
Project Begin Date: 16-Jun-2017
Project End Date: 16-Jun-2017
Project Location: CANNON FALLS, MN
Project Amount: \$18,485.70
Subcontractors: No Subcontractors

Important Messages

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Contact Us

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Jeannette Groski

From: Brian Schumacher
Sent: Wednesday, August 21, 2019 7:04 AM
To: Jeannette Groski
Subject: FW: Nadeau Contractor Affidavit Request / Alx Crt
Attachments: RSG Forms Alex Crt.pdf

From: Shonna Nadeau <nadeau@embarqmail.com>
Sent: Tuesday, August 20, 2019 6:59 PM
To: Brian Schumacher <Brian.Schumacher@RochSG.com>; mike <mike.nadeau@embarqmail.com>
Subject: Nadeau Contractor Affidavit Request / Alx Crt

This message originated outside the MTS organization.

Attached is requested forms..I just need to get notary and I'll re-send that too

From: "MN Revenue e-Services" <eservices.mdor@state.mn.us>
To: "nadeau" <nadeau@embarqmail.com>
Sent: Tuesday, August 20, 2019 6:53:31 PM
Subject: Your Recent Contractor Affidavit Request

This email is an automated notification and is unable to receive replies.

Contractor Affidavit Completed

Thank you, your Contractor Affidavit has been approved.

Confirmation Summary

Confirmation Number: 1-938-436-128
Submitted Date and Time: 20-Aug-2019 6:53:11 PM
Legal Name: NADEAU COMPANIES LLC
Federal Employer ID: 45-4548887
User Who Submitted: snadeau
Type of Request Submitted: Contractor Affidavit

Affidavit Summary

Affidavit Number: 1912299520
Minnesota ID: 2457060
Project Owner: CITY OF CANNON FALLS
Project Number: ALEXANDER COURT
Project Begin Date: 19-May-2017
Project End Date: 12-Jun-2017
Project Location: CANNON FALLS
Project Amount: \$78,437.00
Subcontractors: No Subcontractors

Important Messages

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

Contact Us

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Job #: 4972463-17
Project #:
Project Title: City of Cannon Falls - Alexander Court
Subcontract: 4972463-1700
County: Goodhue

SUBCONTRACTOR'S CERTIFICATION FORM PAYMENT AND LIEN WAIVER

The undersigned hereby certifies that the work performed and the materials supplied to date represent the actual value of improvements under the terms of the Subcontract Agreement dated _____, _____ ("Agreement") by and between the undersigned and Rochester Sand & Gravel.

The undersigned further certifies that all payments prior to this period, less applicable retainage, have been made by Rochester Sand & Gravel. The undersigned further certifies that prompt payments have been made to all suppliers and vendors for materials and labor used in or in connection with the performance of the Agreement for prior periods covered by previous payments received from Rochester Sand & Gravel.

The undersigned further certifies that they have complied with all federal, state and local laws, including Equal Employment Opportunity laws, Equal Pay laws, Social Security laws, Unemployment Compensation laws, and Workers' Compensation laws insofar as applicable to the performance of the Agreement.

In consideration of said payment, Subcontractor hereby agrees to use money received under this Application for Payment to pay all obligations incurred during this project and waives and releases all lien rights upon the improvements situated on the project, bond claim rights, and any other claims against Rochester Sand & Gravel or its surety relating to the project to the date below written and further agrees to save and defend and hold Rochester Sand & Gravel harmless from any and all actions arising out the operations of Rochester Sand & Gravel or its Subcontractors.

Witness:

Legends Concrete Inc

[Signature]

By:

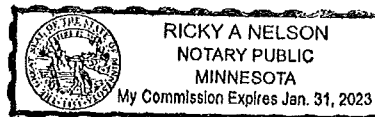
[Signature]

STATE OF MINNESOTA
) ss.
COUNTY OF Olmsted

On this 20th day of August, 2017, before me, a Notary Public, personally appeared Wayne Gunderson, who acknowledged himself to be the President of Legends Concrete, Inc., a _____ corporation, and that he, being authorized to do so, executed the foregoing instrument on behalf of said corporation by its authority.

[Signature] Notary Public
Olsted County, MN.

My Commission Expires: Jan. 31, 2023



SL Subcontract Final Quantities

For Work Invoiced From First to 08/19/19

Subcontract: 4972463-1700 Concrete Curb & Gutter Design B618

Job: 4972463-17 City of Cannon Falls - Alexander Court

Vendor: 102031 Legends Concrete Inc

State Project #:

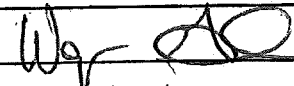
Item	Contract			To Date	
	Units UM	Unit Cost	Amount	Units/%	Amount
160 Concrete Curb & Gutter, Design B618	1,500.000 LF	12.90000	19,350.00	1,433.00	18,485.70
Total Contract Items			<u>19,350.00</u>		<u>18,485.70</u>
*** Addons ***					
1651.00% BOND & DUES	LS		-193.50	95.53 %	-184.86
Total Addon Items			<u>-193.50</u>		<u>-184.86</u>

Subcontract Totals:	19,156.50	18,300.84
Total Billings:		18,485.70
Unpaid Retainage:		0.00
Discounts:		0.00
1.00% BOND & DUES :		-184.86
Net Billings:		<u><u>18,300.84</u></u>

I agree with the final quantities for the project with exceptions noted, if any.

Our last day worked on the project was 6/1/2017

Additional Items:

Signed: 

Title: President

Date: 8/20/2019

Please sign and return within ten (10) days.

Job #: 4972463-17
Project #:
Project Title: City of Cannon Falls - Alexander Court
Subcontract: 4972463-1702
County: Goodhue

SUBCONTRACTOR'S CERTIFICATION FORM PAYMENT AND LIEN WAIVER

The undersigned hereby certifies that the work performed and the materials supplied to date represent the actual value of improvements under the terms of the Subcontract Agreement dated May 21st, 2017 ("Agreement") by and between the undersigned and Rochester Sand & Gravel.

The undersigned further certifies that all payments prior to this period, less applicable retainage, have been made by Rochester Sand & Gravel. The undersigned further certifies that prompt payments have been made to all suppliers and vendors for materials and labor used in or in connection with the performance of the Agreement for prior periods covered by previous payments received from Rochester Sand & Gravel.

The undersigned further certifies that they have complied with all federal, state and local laws, including Equal Employment Opportunity laws, Equal Pay laws, Social Security laws, Unemployment Compensation laws, and Workers' Compensation laws insofar as applicable to the performance of the Agreement.

In consideration of said payment, Subcontractor hereby agrees to use money received under this Application for Payment to pay all obligations incurred during this project and waives and releases all lien rights upon the improvements situated on the project, bond claim rights, and any other claims against Rochester Sand & Gravel or its surety relating to the project to the date below written and further agrees to save and defend and hold Rochester Sand & Gravel harmless from any and all actions arising out the operations of Rochester Sand & Gravel or its Subcontractors.

Witness:

Nadeau Companies LLC

By: 

STATE OF MINNESOTA
) ss.
COUNTY OF _____)

On this _____ day of _____, _____, before me, a Notary Public, personally appeared _____, who acknowledged himself to be the _____ of _____, a _____ corporation, and that he, being authorized to do so, executed the foregoing instrument on behalf of said corporation by its authority.

County, _____ Notary Public

My Commission Expires: _____

SL Subcontract Final Quantities

For Work Invoiced From First to 08/19/19

Subcontract: 4972463-17 Mobilization

Job: 4972463-17 City of Cannon Falls - Alexander Court

Vendor: 109912 Nadeau Companies LLC

State Project #:

Item	Contract			Units	
	Units UM	Unit Cost	Amount	Units/%	Amount
10 Mobilization	1.000 LS.	4,500.00000	4,500.00	0.80	3,600.00
30 Clear & Grub	0.700 ACR	8,000.00000	5,600.00	0.70	5,600.00
60 Salvage Hydrant and Gate Valve	1.000 EA	2,500.00000	2,500.00	0.00	0.00
110 4" Insulation	20.000 SY	15.00000	300.00	0.00	0.00
170 Furnish and Install Hydrant, 6-Inch Gate Valve and Box	1.000 EA	3,700.00000	3,700.00	1.00	3,700.00
240 15" RC Pipe Apron w/Trash Guard	1.000 EA	1,670.00000	1,670.00	1.00	1,670.00
250 15" RC Pipe Sewer DE 3006 CL V	88.000 LF	49.00000	4,312.00	77.00	3,773.00
260 73" Span RC Pipe-Arch Apron w/Trash Guard	4.000 EA	4,200.00000	16,800.00	4.00	16,800.00
270 73" Span RC Pipe-Arch Culv CI IIA	128.000 LF	285.00000	36,480.00	128.00	36,480.00
280 Const Drain Structure Des. 2'x3'	3.500 LF	450.00000	1,575.00	3.40	1,530.00
290 Const Drain Structure Des. 48-4020	4.000 LF	520.00000	2,080.00	3.70	1,924.00
300 Casting Assembly - R3250-VB (Catch Basin)	2.000 EA	1,005.00000	2,010.00	2.00	2,010.00
310 Random Rip Rap Class III	30.000 CY	45.00000	1,350.00	30.00	1,350.00
Total Contract Items			<u>82,877.00</u>		<u>78,437.00</u>
*** Addons ***					
315 1.00% BOND & DUES	LS		-828.77	94.64 %	-784.37
Total Addon Items			<u>-828.77</u>		<u>-784.37</u>

Subcontract Totals: 82,048.23 77,652.63

Total Billings: 78,437.00
Unpaid Retainage: 0.00
Discounts: 0.00
1.00% BOND & DUES: -784.37
Net Billings: 77,652.63

SL Subcontract Final Quantities

For Work Invoiced From First to 08/19/19

I agree with the final quantities for the project with exceptions noted, if any.

Our last day worked on the project was 6, 12, 17.

Additional Items:

Signed:  _____

Title: CEO _____

Date: 8/20/19 _____

Please sign and return within ten (10) days.

Job #: 4972463-17
Project #:
Project Title: City of Cannon Falls - Alexander Court
Subcontract: 4972463-1701
County: Goodhue

SUBCONTRACTOR'S CERTIFICATION FORM PAYMENT AND LIEN WAIVER

The undersigned hereby certifies that the work performed and the materials supplied to date represent the actual value of improvements under the terms of the Subcontract Agreement dated _____, _____ ("Agreement") by and between the undersigned and Rochester Sand & Gravel.

The undersigned further certifies that all payments prior to this period, less applicable retainage, have been made by Rochester Sand & Gravel. The undersigned further certifies that prompt payments have been made to all suppliers and vendors for materials and labor used in or in connection with the performance of the Agreement for prior periods covered by previous payments received from Rochester Sand & Gravel.

The undersigned further certifies that they have complied with all federal, state and local laws, including Equal Employment Opportunity laws, Equal Pay laws, Social Security laws, Unemployment Compensation laws, and Workers' Compensation laws insofar as applicable to the performance of the Agreement.

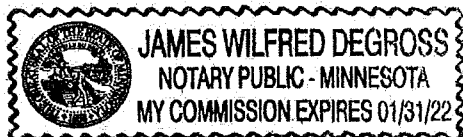
In consideration of said payment, Subcontractor hereby agrees to use money received under this Application for Payment to pay all obligations incurred during this project and waives and releases all lien rights upon the improvements situated on the project, bond claim rights, and any other claims against Rochester Sand & Gravel or its surety relating to the project to the date below written and further agrees to save and defend and hold Rochester Sand & Gravel harmless from any and all actions arising out the operations of Rochester Sand & Gravel or its Subcontractors.

Witness:

Advanced Seeding & Erosion Control Inc

By: _____

STATE OF MINNESOTA
) ss.
COUNTY OF Scott)



On this 21st day of August, 19 , before me, a Notary Public, personally appeared Michael DeGross, President of Advanced Seeding & Erosion Control Inc., a corporation, and that he, being authorized to do so, executed the foregoing instrument on behalf of said corporation by its authority.

Scott County, Scott/MN Notary Public

My Commission Expires: 1/31/22

SL Subcontract Final Quantities

For Work Invoiced From First to 08/19/19

Subcontract: 4972463-17 Sediment Control Log Type Compost

Job: 4972463-17 City of Cannon Falls - Alexander Court

Vendor: 108917 Advanced Seeding & Erosion Control Inc

State Project #:

Item	Contract			Percent	
	Units UM	Unit Cost	Amount	Units/%	Amount
190 Sediment Control Log Type Compost	60.000 LF	2.50000	150.00	0.00	0.00
200 Silt Fence, Type Machine Sliced	1,020.000 LF	1.50000	1,530.00	1,150.00	1,725.00
210 Erosion Control Blanket Cat. 3N	415.000 SY	1.60000	664.00	415.00	664.00
220 Erosion Control Blanket Cat. 4N	112.000 SY	1.80000	201.60	112.00	201.60
230 Seeding	0.700 ACR	3,550.00000	2,485.00	0.70	2,485.00
Total Contract Items			5,030.60		5,075.60
*** Addons ***					
235 1.00% BOND & DUES	LS		-50.31	100.89 %	-50.76
Total Addon Items			-50.31		-50.76

Subcontract Totals: 4,980.29 5,024.84

Total Billings: 5,075.60
Unpaid Retainage: 167.53
Discounts: 0.00
1.00% BOND & DUES: -50.76
Net Billings: 4,857.31

I agree with the final quantities for the project with exceptions noted, if any.

Our last day worked on the project was ___/___/___.

Additional Items:

Signed: *[Signature]*

Title: *owner*

Date: *8-21-19*

Please sign and return within ten (10) days.

**CONSENT OF SURETY
TO FINAL PAYMENT**

ALA Document G707

OWNER
ARCHITECT
CONTRACTOR
SURETY
OTHER

Bond No. 30010944

TO OWNER:
(Name and address)

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

PROJECT:
(Name and address)

Alexander Court, Minnesota

ARCHITECT'S PROJECT NO.:

CONTRACT FOR: Construction

CONTRACT DATED: April 18, 2017

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the
(Insert name and address of Surety)

Western Surety Company
151 North Franklin Street
Chicago, IL 60606

, SURETY,

on bond of
(Insert name and address of Contractor)

Rochester Sand & Gravel Division of
Mathy Construction Company
4105 East River Road NE
Rochester, MN 55906

, 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
(Insert name and address of Owner)

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

, OWNER,

as set forth in said Surety's bond.

IN WITNESS WHEREOF, the Surety has hereunto set its hand on this date: August 19, 2019
(Insert in writing the month followed by the numeric date and year.)

Western Surety Company

(Surety)



(Signature of authorized representative)

Kelly Nicole Bruggeman, Attorney-in-Fact

(Printed name and title)

Attest:
(Seal):



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

Brian D. Carpenter, Jessica Hoff, Nicole Langer, Craig Olmstead, Trisha Kasper, Blake S. Bohlig, Kelly Nicole Bruggeman, Heather R. Goedel, Michelle Halter, 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 22nd day of February, 2019.

WESTERN SURETY COMPANY

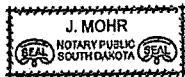


Paul T. Bruflat
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 22nd day of February, 2019, 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 19th day of August, 2019.



WESTERN SURETY COMPANY

L. Nelson
L. Nelson, Assistant Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/27/2018

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).

PRODUCER Willis of Minnesota, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com		
	INSURER(S) AFFORDING COVERAGE		
INSURED Rochester Sand & Gravel, a Division of Mathy Construction 4105 East River Road NE Rochester, MN 55906 USA	INSURER A:	Zurich American Insurance Company	16535
	INSURER B:	American Guarantee and Liability Insurance	26247
	INSURER C:	Ironshore Specialty Insurance Company	25445
	INSURER D:	Travelers Property Casualty Company of Ame	25674
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: W8950870** **REVISION NUMBER:**

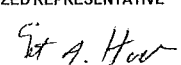
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> COMMERCIAL GENERAL LIABILITY	Y		GLO5944715-10	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 2,000,000
	OTHER:						GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	Y		BAP5944714-10	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y		SXS 0271705-01	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WC5944716-10	12/01/2018	12/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Workers Compensation and Employers Liability			WC5944717-10	12/01/2018	12/01/2019	EL Each Accident \$1,000,000
	Per Statute						EL Disease - EA Emp \$1,000,000
							EL Disease - Pol Lmt \$1,000,000

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

Re: Alexander Court - City of Cannon Falls.
SEE ATTACHED

CERTIFICATE HOLDER CANCELLATION

City of Cannon Falls 918 River Road Cannon Falls, MN 55009	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 

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Minnesota, Inc.		NAMED INSURED Rochester Sand & Gravel, a Division of Mathy Construction 4105 East River Road NE Rochester, MN 55906 USA	
POLICY NUMBER See Page 1			
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

XCUI coverage is not excluded in the policy form.

Severability of Interests is included under the General Liability policy.

City of Cannon Falls (Owner), SEH Inc., Engineer, and any individuals or entities, respective officers, directors, members, partners, employees, agents, consultants and subcontractors of each and any of all are included as Additional Insureds as respects to General Liability, Auto Liability, Umbrella/Excess Liability and Pollution Liability, when required by written contract or agreement.

General Liability, Auto Liability, Umbrella/Excess Liability and Pollution Liability policies shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insureds, when required by written contract.

INSURER AFFORDING COVERAGE: Ironshore Specialty Insurance Company **NAIC#:** 25445
POLICY NUMBER: 002979300 **EFF DATE:** 12/01/2016 **EXP DATE:** 12/01/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Contractors Pollution Liab.	Occurrence:	\$2,000,000
	Aggregate:	\$2,000,000

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America **NAIC#:** 25674
POLICY NUMBER: QT-630-7273B721-TIL-18 **EFF DATE:** 04/01/2018 **EXP DATE:** 04/01/2019

ADDITIONAL INSURED: Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Commercial Property	See Below	

ADDITIONAL REMARKS:
 Commercial Property:
 Special Coverage Form, Replacement Cost
 Blanket Real & Personal: \$64,789,080
 Blanket Equipment (Owned) -\$123,048,113
 Unscheduled Equip-Owned-\$2,000,000
 Leased/Rented: \$2,000,000

Additional Insured – Automatic – Owners, Lessees Or Contractors



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
GLO5944715-10	12/01/2018	12/01/2019				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured: A.L.M. Holding Company

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

A. Section II – **Who Is An Insured** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract or written agreement executed by you but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" if:

1. The written contract or written agreement specifically requires that you provide that the person or organization be named as an additional insured under the Insurance Services Office (ISO) ISO CG20 10 10/01 edition or the ISO CG20 37 10/01 edition, then such party is an additional insured only to the extent that "bodily injury" "property damage" or "personal and advertising injury" arises out of your ongoing operations or "your work", which is the subject of the written contract or written agreement; or
2. Except as provided in 1. above, if the written contract or written agreement require that you provide that the person or organization be named as an additional insured such party is an additional insured only to the extent that "bodily injury" "property damage" or "personal and advertising injury" is caused, in whole or in part by,
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf,

in the performance of your ongoing operations or "your work" which is the subject of the written contract or written agreement;

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law
2. Will not be broader than that which you are required by the written contract or written agreement to provide for such additional insured;
3. Only applies if the "bodily injury", "property damage" or "personal and advertising injury" occur subsequent to your execution of the written contract or written agreement; and
4. Does not apply to "bodily injury" or "property damage" caused by "your work" and included within the "products- completed operations hazard" unless the written contract or written agreement specifically requires that you provide such coverage. If the minimum time period for providing such coverage in the written contract or written agreement ends prior to or during the policy period, such coverage would not be available after that minimum time period.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services including:

- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

C. The following is added to Paragraph 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit of Section **IV – Commercial General Liability Conditions:**

The additional insured must see to it that:

1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
2. We receive written notice of a claim or "suit" as soon as practicable; and
3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured if the written contract or written agreement requires that this coverage be primary and non-contributory.

D. For the purposes of the coverage provided by this endorsement:

1. The following is added to the Other Insurance Condition of Section **IV – Commercial General Liability Conditions:**

Primary and Noncontributory insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured provided that:

- a. The additional insured is a Named Insured under such other insurance; and
- b. You are required by written contract or written agreement that this insurance be primary and not seek contribution from any other insurance available to the additional insured.

2. The following paragraph is added to Paragraph 4.b. of the Other Insurance Condition of Section **IV – Commercial General Liability Conditions:**

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by a written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

E. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

F. With respect to the insurance afforded to the additional insureds under this endorsement, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. **That is the least amount minimally** required by the written contract or written agreement referenced in Paragraph A. of this endorsement; or
2. Available under the applicable Limits of Insurance shown in the Declarations, whichever is less.

If the minimum amount of insurance required by the written contract or written agreement for General Liability coverage is less than the Limits of Insurance shown in the Declarations but the written contract or written agreement requires umbrella or excess coverage, we will include that requirement in our assessment of the minimum amount of insurance. This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions of this policy remain unchanged.



ZURICH

Notification to Others of Cancellation, Nonrenewal or Reduction of Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP5944714-10	12/01/2018	12/01/2018				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:
Commercial Automobile Coverage Part

- A. If we cancel or non-renew this Coverage Part by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:
 - 1. To the name and address corresponding to each person or organization shown in the Schedule below; and
 - 2. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.
- B. If we cancel this Coverage Part by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C. If coverage afforded by this Coverage Part is reduced or restricted, except for any reduction of Limits of Insurance due to payment of claims, we will mail or deliver notice of such reduction or restriction:
 - 1. To the name and address corresponding to each person or organization shown in the Schedule below; and
 - 2. At least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D. If notice as described in Paragraphs A., B. or C. of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
AS REQUIRED BY WRITTEN CONTRACT	30

All other terms and conditions of this policy remain unchanged.



ZURICH®

Notification to Others of Cancellation, Nonrenewal or Reduction of Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
GLO5944715-10	12/01/2018					

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

- Commercial General Liability Coverage Part**
- Liquor Liability Coverage Part**
- Products/Completed Operations Liability Coverage Part**

- A.** If we cancel or non-renew this Coverage Part(s) by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:
 1. To the name and address corresponding to each person or organization shown in the Schedule below; and
 2. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this Coverage Part(s) by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If coverage afforded by this Coverage Part(s) is reduced or restricted, except for any reduction of Limits of Insurance due to payment of claims, we will mail or deliver notice of such reduction or restriction:
 1. To the name and address corresponding to each person or organization shown in the Schedule below; and
 2. At least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D.** If notice as described in Paragraphs **A.**, **B.** or **C.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
AS REQUIRED BY WRITTEN CONTRACT	30

All other terms and conditions of this policy remain unchanged.

NOTIFICATION TO OTHERS OF CANCELLATION, NONRENEWAL OR
REDUCTION OF INSURANCE ENDORSEMENT

This endorsement is used to add the following to Part Six of the policy.

PART SIX
CONDITIONS

- A. If we cancel or non-renew this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B. If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C. If coverage afforded by this policy is reduced or restricted, except for any reduction of Limits of Liability due to payment of claims, we will mail or deliver notice of such reduction or restriction to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D. If notice as described in Paragraphs A., B. or C. of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
AS REQUIRED BY WRITTEN CONTRACT	30

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 12/01/2018
Insured

Policy No.
WC59447
16-10

Endorsement No.
Premium \$

Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: A.L.M. Holding Company
Endorsement Effective Date: 12/01/2018

SCHEDULE

Name Of Person(s) Or Organization(s):
ANY PERSON OR ORGANIZATION TO WHOM OR WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS OR ADDITIONAL INSURED STATUS ON A PRIMARY, NON-CONTRIBUTORY BASIS, IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.