

TO: Mayor and City Council

FROM: Dan Howard, Public Works Director

SUBJECT: Ries Farms LLC Compost Site Proposal

MEETING DATE: Tuesday, June 7, 2022

BACKGROUND

The City of Cannon Falls compost site is near maximum capacity for storage room. Ries Farms of Hastings was contacted for a proposal to screen the compost, as it contains debris not suitable for lawn repair. Ries Farms would screen all compost on site at no cost to the City of Cannon Falls for a split of the finished product of 25% to the City of Cannon Falls and 75% to Ries Farms. Ries Farms has provided a current Certificate of Insurance.

REQUESTED COUNCIL ACTION

I respectfully request a motion and approval to accept the compost screening proposal from Ries Farms LLC as recommended by the Public Works Commission.

Ries Farms LLC

17205 230th Street East
Hastings, MN 55033
(651)800-1000
riesfarms@gmail.com

May 25, 2022

Mr. Howard,,

Our proposal would be a joint venture with the City Of Cannon Falls and Ries Farms LLC to make use of their compost yard material. Ries Farms LLC would screen all compost on site at no cost to the city of Cannon Falls for a split of the finished product of 25% to the city and 75% for Ries Farms. The Ries Farms compost would be removed from the Cannon Falls location in a timely manner. Our current Certificate of Insurance is also attached for your records..

Thank you for the opportunity to submit this proposal for your consideration.

Nicholas Ries

Ries Farms LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/2021

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 North Risk Partners 1640 South Frontage Road Suite 102 Hastings MN 55033 | | CONTACT NAME: Joann Therrien PHONE (A/C, No, Ext): (651) 437-6006 FAX (A/C, No): (651) 437-2077 E-MAIL ADDRESS: joann.therrien@northriskpartners.com | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|---|-------------------------------|--|--------|------------|-------------------------|-------|------------|-----------------------------|-------|------------|--------------------------|-------|------------|--|--|------------|--|--|------------|--|--|
| INSURED Ries Farms LLC dba Ries Farms 17205 230th St E Hastings MN 55033 | | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Western National Mutual</td><td>15377</td></tr><tr><td>INSURER B:</td><td>Westfield Insurance Company</td><td>24112</td></tr><tr><td>INSURER C:</td><td>Amerisafe General Agency</td><td>24759</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Western National Mutual | 15377 | INSURER B: | Westfield Insurance Company | 24112 | INSURER C: | Amerisafe General Agency | 24759 | INSURER D: | | | INSURER E: | | | INSURER F: | | |
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| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 10/1/2021-22

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 | | | CPP 1076449 | 10/01/2021 | 10/01/2022 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | | \$ 100,000 | |
| | | | MED EXP (Any one person) | | | | \$ 5,000 | |
| | | | PERSONAL & ADV INJURY | | | | \$ 1,000,000 | |
| | | | GENERAL AGGREGATE | | | | \$ 2,000,000 | |
| | | | PRODUCTS - COMP/OP AGG | | | | \$ 2,000,000 | |
| | | | | | | | \$ | |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | |
| | OTHER: | | | | | | | |
| B | AUTOMOBILE LIABILITY | | | CWP4882991 | 10/01/2021 | 10/01/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | BODILY INJURY (Per person) | | | | \$ | |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | BODILY INJURY (Per accident) | | | | \$ | |
| | <input type="checkbox"/> HIRED AUTOS ONLY | <input type="checkbox"/> NON-OWNED AUTOS ONLY | PROPERTY DAMAGE (Per accident) | | | | \$ | |
| | <input checked="" type="checkbox"/> GARAGE | | | | | | \$ | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | UMB 1031705 | 10/01/2021 | 10/01/2022 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | AGGREGATE | | | | \$ 1,000,000 | |
| | <input type="checkbox"/> DED | <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | \$ | |
| | | | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | AVWCMN3027742021 | 10/01/2021 | 10/01/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N <input type="checkbox"/> Y <input type="checkbox"/> N/A | E.L. EACH ACCIDENT | | | | \$ 500,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | E.L. DISEASE - EA EMPLOYEE | | | | \$ 500,000 | |
| | | | E.L. DISEASE - POLICY LIMIT | | | | \$ 500,000 | |

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

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATION ONLY

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