# **BOARD OF PUBLIC WORKS**

City of Kaukauna **Council Chambers** Municipal Services Building 144 W. Second Street, Kaukauna

Monday, May 19, 2025 at 6:00 PM

#### AGENDA

#### In-Person and Remote Teleconference via ZOOM

- 1. Correspondence.
- 2. Discussion Topics.
  - a. Disposal Site Discussion.
  - b. Sidewalk Builders License to Right Way Concrete Construction.
  - c. Public Works Updates.
- 3. Adjourn.

#### NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Board of Public Works meeting scheduled for Monday, May 19, 2025, at 6:00 P.M. to gather information about a subject over which they have decision making responsibility.

#### IF REQUESTED THREE (3) DAYS PRIOR TO THE MEETING, A SIGN LANGUAGE INTERPRETER WILL BE MADE AVAILABLE AT NO CHARGE.





#### **MEETING ACCESS INFORMATION:**

You can access this meeting by one of three methods: from your telephone, computer, or by an app. Instructions are below.

To access the meeting by telephone:

- 1. Dial 1-312-626-6799
- 2. When prompted, enter Meeting ID 234 605 4161 followed by #
- 3. When prompted, enter Password 54130 followed by #

To access the meeting by computer:

- 1. Go to http://www.zoom.us
- 2. Click the blue link in the upper right hand side that says Join a Meeting
- 3. Enter Meeting ID 234 605 4161
- 4. Enter Password 54130
- 5. Allow Zoom to access your microphone or camera if you wish to speak during the meeting

To access the meeting by smartphone or tablet:

- 1. Download the free Zoom app to your device
- 2. Click the blue button that says Join a Meeting
- 3. Enter Meeting ID 234 605 4161
- 4. Enter Password 54130
- 5. Allow the app to access your microphone or camera if you wish to speak during the meeting

\*Members of the public will be muted unless there is an agenda item that allows for public comment or if a motion is made to open the floor to public comment.\*



# MEMO

## **DEPARTMENT OF PUBLIC WORKS**

- To: Board of Public WorksFrom: Jake Van Gompel, Street SuperintendentDate: May 19, 2025
- Re: Agenda Item 2a, Disposal Site Discussion

#### **Background information:**

Disposal site usage has been on the incline since opening in April of 2023. Currently there are 1,932 active site users. Staff have been informing site users by Facebook posts, website updates, updated signage, increased enforcement with fees and personal conversations to help reduce the violations. Significant non-compliance with the Disposal Site rules continues. Refuse dumpsters continue to see violations of building materials, furniture, metal, appliances, electronics, and overfilled containers. The bulk of violations are after 5pm on weekdays and throughout the weekend.

Unauthorized materials pose a safety risk to employees. Building materials can shatter and become flying objects, cabinets and furniture get stuck in dumpsters and become arial hazards from falling and shifting. There have been two recorded injuries to staff and countless verbal close calls.

With continued concern about the safety of employees and violations of allowable garbage at the Disposal Site, we need to evaluate operational changes to help keep the site open and safe.

#### Strategic Plan: N/A

#### Budget:

Disposal is budgeted in the refuse disposal operating account.

#### Recommended action:

There are several options to consider and discuss. A decision does not have to be made today but limiting hours and further restrictions will need to be considered to keep the site operational

Below is a list of options to start the discussion.

- 1. Alter dumpsters with locks on lids to not allow disposal of garbage materials from Friday at 1pm to 7:30am on Monday.
- 2. Change operating hours on weekends to 7am-12pm on Saturday and close the site completely on Sunday, while staffing the disposal site on Saturdays from 7am-12pm.
- 3. Change operating hours to 7am-3:30pm Monday through Thursday and Friday 7am to 1pm. Closed on weekends.
- 4. Further restrict garbage items to be bagged garbage only.
- 5. Remove garbage as accepted material at this site and remove dumpsters.





### APPLICATION FOR SIDEWALK BUILDERS LICENSE CITY OF KAUKAUNA

FEE - \$15.00
BUSINESS NAME Right Way Concrete Construction LLC
ADDRESS 2117 Stafford Ln Kankung WF 54170
CONTACT PERSON Travis Dybus
PHONE # 920 227 1202
27.8-

#### BOND - \$5,000

Each applicant shall deposit with his application a fee of \$15.00 and before such license is issued shall furnish a bond in the sum of \$5,000 conditioned that he will observe and obey all requirements of the City relating to the construction of sidewalks, and that he will indemnify the City or any person in front of whose property he constructs a sidewalk against loss by reason of his failure to observe all of the requirements of the City or of the grade and line furnished by the City Engineer. The bond shall also support the guarantee of the sidewalk builder that he will rebuild, replace, restore, or repair any imperfect work or defective walk construction within one year from the time of completion by such applicant.

#### INSURANCE

Workmen compensation and property damage and public liability insurance shall be kept in force during the construction period, including preliminary work and follow-up. <u>Property</u> damage insurance shall not be less than \$20,000 and public liability insurance not less than \$50,000. A certificate showing such coverage shall be filed with the City Clerk/Treasurer before construction is begun.

Signature

5-15-25

Date

Kaukauna Municipal Code Public Works 8.05 (3) (a) & (b)

Return completed form and payment to:

Clerk/Treasurer's Office City of Kaukauna 144 W. 2<sup>nd</sup> Street P.O. Box 890 Kaukauna WI 54130-0890





THE SILVER LINING\*

48697 Direct Billed ·

## BOND EXECUTION REPORT

Date: 05/15/2025

Bond Number: 2647983

ADEMINO & ASSOCIATES 1001 TRUMAN STREET KIMBERLY, WI 54136

Principal Information: Rightway Concrete Construction LLC 2117 Stafford Ln Kaukauna, WI 54130-2918

Billing Address - if blank, see Principal above:

c/o:

Obligee Information: City of Kaukauna

144 W 2nd St Kaukauna, WI 54130-2406

WB Index: 2647983 Bond Eff Date: 05/15/2025 Bond Exp Date: 05/15/2026

Bond Type: License & Permit Compliance Bond Work Description: Sidewalk Right of Way Kaukauna's Sidewalk Builders License

Current Bond Penalty: \$ 5,000.00 Previous Bond Penalty: \$ 5,000.00 Bond Premium: \$ 100.00 Premium Change: \$ 100.00

Effective January 1, 2024, West Bend Mutual Insurance Company changed its name to West Bend Insurance Company, therefore, any reference to West Bend Mutual Insurance Company shall be considered a reference to West Bend Insurance Company.

#### THIS IS NOT AN INVOICE

MICHIGAN ONLY: This policy is exempt from filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

Item 2.b

Bond Number 2647983

## License and Permit Bond

Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bond

Principal: (Full r	name and address)	Obligee: (Principal's customer)	
Rightway Concr	ete Construction LLC	City of Kaukauna	
2117 Stafford Ln	1	144 W 2nd St	_
Kaukauna, WI 54	130-2918	Kaukauna, WI 54130-2406	
Effective Date:	05/15/2025	Expiration Date: 05/15/2026	_

#### PENAL AMOUNT OF BOND:

Five Thousand Dollars and Zero Cents

STREN

Dollars (\$ 5,000.00

lawful money of the United States, to be paid to the said obligee, for which payment well and truly to be made we bind ourselves and our legal representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the Obligee for: Sidewalk Right of Way Kaukauna's Sidewalk Builders License

NOW, THEREFORE, if said Principal shall faithfully perform all the duties and comply with the laws and ordinances, (including all amendments) pertaining to the license or permit, then this obligation shall be null and void; otherwise to remain in full force unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall ipso facto terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Principal shall save and keep harmless the Obligee from all losses or damage which it may sustain or for which it may become liable on account of the issuance of said license and permit. The maximum liability shall not exceed the bond penalty.

Signed with our	hands and	sealed with	our seals this,	the	15th	day of
-----------------	-----------	-------------	-----------------	-----	------	--------

**Rightway Concrete Construction LLC** 

#### WEST BEND INSURANCE COMPANY

May

(Principal)



20 25

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

RHODE ISLAND ONLY: Under R.I. Gen. Laws § 27-65-1, this policy is exempt from the filing and approval requirements of forms used and rates charged.



Bond No.

2647983

#### **POWER OF ATTORNEY**

Know all men by these Presents, that West Bend Insurance Company (formerly known as West Bend Mutual Insurance Company prior to 1/1/2024), a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

#### Jason Enders

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship executed under this authority shall exceed in amount the sum of: Five Thousand Dollars and Zero Cents 5,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Insurance Company by unanimous consent resolution effective the 1<sup>st</sup> day of January 2024.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

Any reference to West Bend Mutual Insurance Company in any Bond and all continuations thereof shall be considered a reference to West Bend Insurance Company.

In witness whereof, West Bend Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 1st day of January 2024.

Attest Mustropher C. Zunga

Christopher C. Zwygart Secretary

State of Wisconsin County of Washington

On the 1<sup>st</sup> day of January 2024, before me personally came Robert Jacques, to me known being by duly sworn, did depose and say that he is the President of West Bend Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that is was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Quil Benedin

Hobert J. Jacques

President

Lead Corporate Attorney Notary Public, Washington Co., WI My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 15th day of	May ,	2025
	SEAL SEAL	Christopher C. Zwygart Secretary

1900 S 18th Avenue | West Bend, WI 53095 | Phone: (800) 236-5010 | Fax: (877) 674-2663 | www.thesilverlining.com

CERTIFICATE OF LIABILITY INSURANCE     DATE and     DOTE     DOTE and     DOTE and     DOTE and     DOTE     DOTE and     DOTE     DOTE and     DOTE     DOTE     DOTE and     DOTE									B	IGHT02		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE COVERAGE AFFORDED BY THE POLICIE CERTIFICATE HOLDER. THE COVERAGE AFFORDED BY THE POLICY.         DELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTRUCT A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.         IMPORTANT: If the contificate holder is an ADDITIONAL INSURED, the policy (est im policies may require an endorsement. A statement of this certificate holder is an ADDITIONAL INSURED, the policy (est im policy of the order regiment. A statement of this certificate holder is an additions of the policy, certain policies may require an endorsement. A statement of this certificate holder is an ADDITIONAL INSURED, the policy (est im policy of the ORDER).         DEDUCTR       920-734-3110       Image: Certificate holder is an ADDITIONAL INSURED.         DETUCTS       920-734-3110       Image: Certificate holder is an ADDITIONAL INSURED.         DETUCTS       920-734-3110       Image: Certificate holder is an ADDITIONAL INSURED.         DETUCTS       920-734-3110       Image: Certificate holder is an ADDITIONAL INSURED.         DETUCTS       Image: Certificate holder is an ADDITIONAL INSURED.       Image: Certificate holder is an ADDITIONAL INSURED.         IT TOWARD       POLICY ONTHE CONSTRUCTION LLC       Image: Certificate holder is an ADDITION OF ANY CONTRACT OR OTHER COLORENT INTHE RESPECT TO ALL THE TERMENT THE INSURED INSURED NAMED ADOVE FOR THE POLICY PERIOD INDUCATED. NOTWING ANY REQUIREMENT, TERM OR CONTRACT CONTRACT OR OTHER COLORENT INTHERESPECT TO ALL THE TERME	A	CORD	C	E	RTI	FICATE OF LI	ABIL	ITY INS			,	
If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement of this certificate holder in lieu of such endorsement(s).  SOURCEN SOUR	C B	ERTIFICATE DOES NOT AF ELOW. THIS CERTIFICATE	FIRMATI		Y O	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	TE HOLD	ER. THIS
Deputer P         920-734-3110         Deputer P         Deputer P <thdeputer p<="" th=""> <thdeputer p<="" th="">         &lt;</thdeputer></thdeputer>	lf	SUBROGATION IS WAIVED.	subject	to t	he te	erms and conditions of t	he polic	cy, certain p	olicies may			
DEMINO & ASSUGATES DECIMINO & ASSUGATES DECIMINATION & ASSUGATES DEFINING & ASSUGATE			rights to	o the								
MIMBER IV, WI 54136-0099         INSURER S.         INSURER S.         INSURER S.           INSURER A: WEST BEND INSURANCE COMPANY         15350           INSURER A: WEST BEND INSURANCE COMPANY         15350           INSURER A: WEST BEND INSURANCE COMPANY         15350           INSURER B:         INSURER B:           INSURER C:         INSURER C:           INSURER F:         INSURER C:           INSURER F:         INSURER COMPANY           INSURER F:         INSURER COMPANY           INSURER C:         INSURER COMPANY           INSURER COMPANY         INSURER COM	<b>\DE</b>	MINO & ASSOCIATES			JE	0-704-0110	NAME: PHONE	920-7	34-3110	FAX	920-734	-6027
EFF KASPEREX     INSURERIS / I SUPERTIS AFFORDING COVERAGE     NAIC#       INSURERIS / I SUPERTIS AFFORDING COVERAGE     NAIC#       INSURERIS AFFORDING COVERAGE     NAIC#       INSURERIS AFFORDING COVERAGE     NAIC#       INSURERIS AFFORDING COVERAGE     NAIC#       INSURERIS CONCRETE CONSTRUCTION LLC     INSURER #:       INSURER #:       AUKAUNA, WI 54130       COVERAGES     CERTIFICATE NUMBER:       REVISION NUMBER:       THIS IS TO CERTIFY THAT THE POLICES LUMPARCE LISTED BELOW HAVE BEEN ISSUED TO THE POLICY PERIOD       NOVERAGES       COVERAGES       CERTIFICATE NUMBER:       REVISION NUMBER:       THIS IS TO CERTIFY THAT THE POLICES LUMPARCE LISTED BELOW HAVE BEEN ISSUED TO THE POLICY PERIOD       COVERAGES       COUNTING TAND FOLICES LUMPARCE AFFORDED BY TAID CAMPS       ADD SUBTROP TO TO THE POLICE NUMBER       REVISION NUMBER       AUTOR OWN INSTANCE LUBICITY       AUTOR OWN INSTANCE AFFORDED BY TAID CAMPS       AUTOR OWN INSTANCE       AUTOR OWN INSTANCE       CERTIFICATE NUMBER	(IM	1 TRUMAN POBOX 99 BERLY, WI 54136-0099					E-MAIL	, Ext):	ek@ademin			
INSURER A: WEST BEND INSURANCE COMPANY 15350 INSURER A: WEST BEND INSURANCE COMPANY INSURANCE INSURANCE INSURANCE INSURANCE INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH STANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED PAID CLAMS. INSURER A: WEST BEND INSURANCE INSURED CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE EXCLUSIONS AND CONDITIONS OF SUCH POLICY NUMBER POLICY POLICY POLICES POLICY POLICY POLICY POLICY POLICY POLICY POLICY POLICY POLICY							ADDRE		222.00			NAIC #
BITEP WAY CONCRETE CONSTRUCTION LLC     INSURER B :     INSURER B :       17 STAFFORD LN AUKAUNA, WI 54130     INSURER C :     INSURER C :       INSURER D :     INSURER C :       INSURER F :     INSURER F :       OVERAGES     CERTIFICATE NUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE NAMED ABOVE FOR THE POLICY PERIOD       INSURER P :     INSURER F :       REVISION NUMBER:     THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE NAMED ABOVE FOR THE POLICY PERIOD       RECLUSIONS AND CONDITIONS OF SUDED POLICIES LISTED BELOW HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS       RECLUSIONS AND CONDITIONS OF SUDED POLICIES UNTS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY PERIOD     LIMITS       RECLUSIONS AND CONDITIONS OF SUDED POLICIES UNTS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY PERIOD     LIMITS       RECLUSIONS AND CONDITIONS OF SUDED POLICY NUMBER     POLICY NUMBER     POLICY NUMBER       REAL COMMERCIAL GENERAL LIABILITY     AS35219     OG/01/2024     OG/01/2025     EACH OCCURRENCE     \$ 2,000, POLICY IS CONTROL IS SUPERION IS SHOWN NUMPY IS 1,000, GENERAL LIABILITY       A AUTOMOBILE LIABILITY     AS35219     OG/01/2024     OG/01/2025     EACH OCCURRENCE     \$ 2,000, POLICY IS CONTROL IS CONDITION IS CONTROL IS CONTR							INSUR				1:	
117.2 STAFFORD LN AUKAUNA, WI 54130       Insuren c: INSUREN C: INSURENCE INSURENCE IN INSURENCE INSURENCE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCE BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCE BY PAID CLAMAS.         INSURENCIAL GENERAL LIABILITY AN COMMERCIAL GENERAL LIABILITY INFO OTHER:       INSURENCIAL AS35219       O6/01/2024       06/01/2025       EACH OCCURENCIAL S A DU INNEN EXCLUSIONS AND CONUNCIES INSURANCE EACH OCCURENCIAL S A DU INNEN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCE BY PAID CLAMAS.         INFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS INFO CLAIMS-MADE INFO OCCUR INFO OCUCY INFO OCUCY INFO	NSU	RED									_	
AUKAUNA, WI 54130           INSURER D:         Insurer E:           INSURER D:         Insurer F:           COVERAGES         CERTIFICATE 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 HESPECT TO WHICH THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEARIN IS SUBJECT TO ALL THE TERMS           CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEARIN IS SUBJECT TO ALL THE TERMS           EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: Type of INSURANCE         ADD SWER           POLICY INDUMER         POLICY INDUMER           Image: Type of INSURANCE         ADD SWER           Image: Type of INSURANCE         ADD SWER           Image: Type of INSURANCE         ADD SWER           POLICY IMAGE TO RENTED         \$ 300, PHENDS IS LOC           Image: Type of INSURANCE         A935219           OG/01/2024         OG/01/2024         OG/01/2025           Image: Type of INSURANCE         ANY AUTO           Image: Type of INSURANCE         A935219           OG/01/2024         OG/01/2024           OG/01/2025         SCHEDULED           Image: Type INFORMATION         A935219	[G] 117	HT WAY CONCRETE CONST STAFFORD LN	RUCTION		С							1
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 PERION IDICATED. NOTWITHSTANDING ANY PERTAIN. THE INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAIMS.           CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DISCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS.           R         TYPE OF INSURANCE         APOLICY FYP         POLICY FYP         POLICY EXP           R         TYPE OF INSURANCE         ADDLS SURP POLICY NUMBER         POLICY YEPF         POLICY YEPF         POLICY EXP           A         X         COMMERCIAL GENERAL LIABILITY           A         Aga35219         O6/01/2024         O6/01/2025         POLICY IMAGE \$ 1,000,           GENERAL AGGREGATE LIMIT APPLIES PER: POLICY X         POLICY IX PRO: INTO MARCH IS ADD INJURY Y         A Aga35219         O6/01/2024         O6/01/2025         BODILY HULPY (Per acident) \$ BODILY HULPY (Per acident) \$ BODILY HULPY (Per acident) \$ BODILY HULPY (Per acident) \$ BODILY HULPY (Per acident) \$ HUPP acident) \$ A WORKERS COMPENDATINE MARCH												
OVERAGES       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 PERIOL       INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOL         INDICATED. NOTWITHSTANDING ANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS       EXPLOSION ANY 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.       POLICY WERP POLICY PRO FINAURANCE       ILMITS         A       COMMERCIAL GENERAL LIABILITY       AD05.0WDR       POLICY NUMBER       POLICY NUMBER       POLICY PERPOLICY PERPOLICY PRO FINAURANCE       ILMITS         A       COMMERCIAL GENERAL LIABILITY       A935219       06/01/2024       06/01/2024       06/01/2025       PERSONAL & ADV INJURY \$ 1,000, PRODUCTS COMPORED \$ \$         A       AUTOMOBILE LIABILITY       A935219       06/01/2024       06/01/2024       06/01/2025       BOOILY INJURY (PER person) \$ \$         A       AUTOMOSINE LIABILITY       A935219       06/01/2024       06/01/2025       BOOILY INJURY (PER person) \$ \$         A       VIMPED AVAIDES ONLY       AUTOS ONLY       A935219       06/01/2024       06/01/2025       BOOILY INJURY (PER person) \$ \$         A       VIMPED AVAIDANCE <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>INSURE</td> <td>RE:</td> <td></td> <td></td> <td></td> <td></td>							INSURE	RE:				
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 THIL         CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         A       X COMMERCIAL GENERAL LIABILITY       A935219       06/01/2024       06/01/2024       06/01/2025       PANAGE TO RENTED \$300, MED SUGON PAGE \$2,000, PRODUCTS - COMPION AGE \$3,000, PR							INSURE	R F :				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTARCT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIL CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUBANCE 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. TYPE OF INSURANCE ADD. SUBP A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PEO: POLICY X PEO: POLICY X PEO: AUTOS ONLY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY A	20	VERAGES	CER	TIFI	CATI	E NUMBER:				<b>REVISION NUMBER:</b>		
A       X       COMMERCIAL GENERAL LIABILITY         GLAIMS-MADE       X       OCCUR         GLAIMS-MADE       X       OCCUR         GENTL AGGREGATE       LIABILITY         GENTL AGGREGATE       LIMIT APPLIES PER:         POLICY       Y       PERSONAL & ADV INJURY         S       POLICY       Y         POLICY       Y       PERSONAL & ADV INJURY         Y       NOO         OTHER:       AUTOMOBILE LIMIT APPLIES PER:         POLICY       Y       PERSONAL & ADV INJURY         AUTOMOBILE LIMITY       LOC         AUTOMOBILE LIMITY       LOC         AUTOMOBILE LIMITY       AP35219         AUTOS ONLY       SCHEDULED         AUTOS ONLY       SCHEDULED         AUTOS ONLY       AUTOS         AUTOS ONLY       AUTOS         AUTONO SULE       SCHEDULED         AUTOS ONLY       AUTOS         AUTONO SONLY       AUTOS         AUTONO SONLY       AUTOS         AUTONO SONLY       AUTOS         AUTOS       SCHEDULED         AUTOS       SCHEDULED         AUTOS       SCHEDULED         AUTOS       SCOL         BODIL	IN CI E)	DICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED ( KCLUSIONS AND CONDITIONS (	ANY RE DR MAY I DF SUCH I	PER POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO WH O ALL TH	HICH THIS
A       John Strate       A <td< td=""><td>A</td><td></td><td></td><td>INSD</td><td>WVD</td><td>POLICY NUMBER</td><td></td><td>(MM/DD/YYYY)</td><td>(MM/DD/YYYY)</td><td></td><td></td><td>1,000,00</td></td<>	A			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,00
A       MED EXP (Any one person)       \$       \$         GEN'L AGGREGATE LIMIT APPLIES PER:       POLICY X PRO:       X       1,000,         POLICY X PEO:       X       LOC       PRODUCTS - COMP/OP AGG       \$         A       AUTOMOBILE LIABILITY       A935219       06/01/2024       06/01/2025       BODILY INJURY (Per person)       \$         A       MUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       A000-OWNED       \$         A       MUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$         A       WORKERS COMPENSATION       A0170S ONLY       A935219       06/01/2024       06/01/2025       EACH OCCURRENCE       \$         A       WORKERS COMPENSATION       AND PROPIETOR/PARTNER/EXECUTIVE       Y/N       A940902       06/01/2024       06/01/2025       EACH OCCURRENCE       \$       1,000,         A       WORKERS COMPENSATION       N / A       A940902       06/01/2024       06/01/2025       EACH OCCURRENCE       \$       1,000,         ANY PROPRIETOR/PARTNER/EXECUTIVE       Y/N       N / A       A940902       06/01/2024       06/01/2025       EACH OCCURRENCE       \$       1,000,         COMPREDER EXACLIDED?       N / A       A9409						A025210		06/01/2024	06/01/2025			300,00
A       Automobile Limit Applies PER:         POLICY       X       PERSONAL & AGGREGATE       \$ 1,000,         GEN'L AGGREGATE       LOC       \$ 2,000,         OTHER:       PRODUCTS       COMBINED SINGLE LIMIT       \$ 2,000,         A       Automobile Liability       \$       \$ 06/01/2025       \$ 06/01/2025         A       Automobile Liability       Autos SonLy       Autos SonLy       \$ 06/01/2025         Autos SonLy       Autos SonLy       Autos SonLy       \$ 06/01/2025       Boolly INJURY (Per person)       \$ 000,000,000,000,000,000,000,000,000,00			,011			A935219		00/01/2024	00/01/2023			5,00
GEN'L AGGREGATE LIMIT APPLIES PER:       POLICY X PRO- JECT X LOC       GENERAL AGGREGATE       \$ 2,000, PRODUCTS - COMPIOP AGG         OTHER:       OTHER       \$         A AUTOMOBILE LIABILITY       AUTOS ONLY       AUTOS       S         A AUTOS ONLY       SCHEDULED AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS         A X       UMBRELLA LIAB       X OCCUR       AUTOS ONLY       AUTOS ONLY         A X       UMBRELLA LIAB       X OCCUR       A935219       06/01/2024       06/01/2025       BODILY INJURY (Per person)       S         A X       UMBRELLA LIAB       X OCCUR       CLAIMS-MADE       A935219       06/01/2024       06/01/2025       EACH OCCURRENCE       \$ 1,000,1         A X       UMBRELLA LIAB       X OCCUR       A935219       06/01/2024       06/01/2025       EACH OCCURRENCE       \$ 1,000,1         A X       UMBRELLA LIAB       X OCCUR       A935219       06/01/2024       06/01/2025       EACH OCCURRENCE       \$ 1,000,1         A MORKERS COMPENSATION       AND EMPLOYERS' LIABILITY       A940902       06/01/2024       06/01/2025       EACH ACCIDENT       \$ 100,1         AND EMPLOYERS' LIABILITY       N / A       A940902       06/01/2024       06/01/2025       EL, EACH ACCIDENT       \$ 100,1 <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1,000,00</td>												1,000,00
General Addregatie Limit APPLIES PER:       POLICY X PECT       X Loc         POLICY X PECT       X Loc         OTHER:       Automobile Liability         A AUTOMOBILE LIABILITY       A935219         A AUTOS ONLY       AUTOS ONLY         A WORKERS COMPENSATION       A935219         O6/01/2024       O6/01/2025         EACH OCCURRENCE       \$ 1,000,1         EXCESS LIAB       CLAIMS-MADE         DED       X RETENTION \$ 0         AND REPLOYER' LIABILITY       A940902         O6/01/2024       06/01/2025         EACH OCCURRENCE       \$ 1,000,1         ADE MPLOYER'S LIABILITY       Y/N         AND REPLOYER'S LIABILITY       N /A         AND REPLOYER'S LIABER       A940902         O6/01/2024       06/01/2025         EACH OCCURRENCE S COMPLY       Y/N     <		GEN'L AGGREGATE LIMIT APPLIES PER										2,000,00
A AUTOMOBILE LIABILITY A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY											10	2,000,00
A       AUTOMOBILE LIABILITY       SCHEDULED         X       ANY AUTO       SCHEDULED         AUTOS ONLY       AUTOS ONLY         AWORKERS COMPENSATION       CLAIMS-MADE         AND EMPLOYERS'LIABILITY       A935219         06/01/2024       06/01/2025         AGGREGATE       \$         AND EMPLOYERS'LIABILITY       A940902         06/01/2024       06/01/2025         ELL EACH ACCIDENT       \$ </td <td></td> <td></td> <td>00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>PRODUCTS - COMP/OP AGG</td> <td>19</td> <td></td>			00						-	PRODUCTS - COMP/OP AGG	19	
X       ANY AUTO       SCHEDULED         AUTOS ONLY       AUTOS       SCHEDULED         AUTOS ONLY       AUTOS ONLY         HIRED       NON-OWNED         AUTOS ONLY       NON-OWNED         AWORKERS COMPENSATION       A935219         Ob/01/2024       06/01/2025         EACH OCCURRENCE       \$ 1,000,1         AWORKERS COMPENSATION       A935219         Ob/01/2024       06/01/2025         AWORKERS COMPENSATION       A935219         Ob/01/2024       06/01/2025         AWORKERS COMPENSATION       S         AND BWRLOYERS'LIABILITY       N / A         AND BWRLOYERS'LIABILITY       N / A         A940902       06/01/2024       06/01/2025         E.L. EACH ACC	A		_				_			COMBINED SINGLE LIMIT	1	1,000,00
OWNED AUTOS ONLY       SCHEDULED AUTOS       SCHEDULED AUTOS ONLY       SCHEDULED BODILY INJURY (Per accident)       S         HIRED AUTOS ONLY       NON-OWNED AUTOS ONLY       NON-OWNED AUTOS ONLY       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S         Excess LIAB       CLAIMS-MADE       A935219       06/01/2024       06/01/2025       EACH OCCURRENCE       \$         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       V/N       A940902       06/01/2024       06/01/2024       06/01/2025         A       WORKERS COMPERSATION AND EMPLOYERS' LIABILITY       N / A       A940902       06/01/2024       06/01/2025       E.L. EACH ACCIDENT       \$         AND PROPRIETOR/PARTNER/EXECUTIVE (Manual or y in NH)       N / A       A940902       06/01/2024       06/01/2025       E.L. EACH ACCIDENT       \$       100,1	-	N I				A935219		06/01/2024	06/01/2025	11W		
A       X       UMBRELLA LIAB       X       OCCUR       \$         EXCESS LIAB       CLAIMS-MADE       A935219       06/01/2024       06/01/2024       06/01/2025       EACH OCCURRENCE       \$       1,000,1         DED       X       RETENTION \$       0       A935219       06/01/2024       06/01/2025       EACH OCCURRENCE       \$       1,000,1         AND EMPLOYERS' LIABILITY       0       0       0       06/01/2024       06/01/2025       EACH OCCURRENCE       \$       1,000,1         ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?       Y/N       A940902       06/01/2024       06/01/2025       X       PER       07H-         ELL EACH ACCIDENT       N / A       A940902       06/01/2024       06/01/2025       ELL EACH ACCIDENT       \$       100,1		OWNED AUTOS ONLY SCHED	_						-	BODILY INJURY (Per accident)		
A       OMBINELLA BAB       A       OCCONT       EACH OCCURRENCE       \$         EXCESS LIAB       CLAIMS-MADE       A935219       06/01/2024       06/01/2025       AGGREGATE       \$       1,000,1         DED       X       RETENTION \$       0       A935219       06/01/2024       06/01/2025       AGGREGATE       \$       1,000,1         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       A940902       06/01/2024       06/01/2025       X       PER STATUTE       0TH- ER       \$         ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)       N / A       A940902       06/01/2024       06/01/2025       X       PER STATUTE       0TH- ER		AUTOS ONLY AUTOS	ONLY							(Per accident)	\$	
A       OMBINELLA BAB       A       OCCONT       EACH OCCURRENCE       \$         EXCESS LIAB       CLAIMS-MADE       A935219       06/01/2024       06/01/2025       AGGREGATE       \$       1,000,1         DED       X       RETENTION \$       0       A935219       06/01/2024       06/01/2025       AGGREGATE       \$       1,000,1         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       A940902       06/01/2024       06/01/2025       X       PER STATUTE       0TH- ER       \$         ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)       N / A       A940902       06/01/2024       06/01/2025       X       PER STATUTE       0TH- ER	٨	V V V V		_							ş	1 000 00
DED       X       RETENTION \$       0         AWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)       Y/N       A940902       06/01/2024       06/01/2024       06/01/2025         Image: Comparison of the second seco						A935219		06/01/2024	06/01/2025			
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE V/N OFFICER/WEMBER EXECUTIVE N/A (Mandatory in N/A)		N N				AUGULIO .		00/01/2024	00/01/2023	AGGREGATE	\$	1,000,00
ANY PROPRIETOR/PARTNER/EXECUTIVE V/N A940902 06/01/2024 06/01/2025 E.L. EACH ACCIDENT \$ 100,0 OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Δ				-		_			Y PER OTH-	\$	
OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)			V. Y/N		10.	A940902		06/01/2024	06/01/2025		¢	100,00
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 500,		OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	vc	N/A					06/01/2025			100,00
E.L. DISEASE - POLICE LIMIT &		If yes, describe under	,								S. 20	500,00
		DESCRIPTION OF OPENATIONS DEID			1					E.E. DISEASE - FOLIO F LIMIT	₽.	
						100						
		1				a						
	A	EXCESS LIAB CLA DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUT OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						AGGREGATE           X         PER STATUTE         OTH- ER           E.L. EACH ACCIDENT         EACH ACCIDENT           E.L. DISEASE - EA EMPLOYEE	\$ \$ \$ \$	
						19						
	_						-					
	sc	RIPTION OF OPERATIONS / LOCATION	NS / VEHICE	.ES (/	ACORE	0 101, Additional Remarks Schedi	ule, may b	e attached if mor	e space is requir	ed)		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
SSCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
SSCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							CANC				-	
	<u>, 21</u>					ΚΔΙΙΚΔ11	CANC	LLATION				
ERTIFICATE HOLDER CANCELLATION				ME	NT	KAUKATI	THE	EXPIRATION	DATE THE	EREOF, NOTICE WILL E		
		144 W 2ND ST					AUTHOR	RIZED REPRESE	NTATIVE			
ERTIFICATE HOLDER CANCELLATION KAUKA11 CITY OF KAUKAUNA PUBLIC WORKS DEPARTMENT 144 W 2ND ST CANCELLATION KAUKALIA SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		KAUKAUNA, WI 5	4130							1		
ERTIFICATE HOLDER CANCELLATION KAUKA11 CITY OF KAUKAUNA PUBLIC WORKS DEPARTMENT 144 W 2ND ST KAUKAUNA. WI 54130 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							14	effysh.	Lagrene	k_		
ERTIFICATE HOLDER CANCELLATION KAUKA11 CITY OF KAUKAUNA PUBLIC WORKS DEPARTMENT 144 W 2ND ST CANCELLATION KAUKALIA SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				-	_			V		and a second		

© 1988-2015 ACORD CORPORATION. All rights reserv



**Bill To** 

City of Kaukauna 144 W 2nd Street Kaukauna WI 54130 United States

# Cash Sale #CS6800

-----

5/15/2025

\$15.00

General Customer - Clerk United States TOTAL \$15.00

Total

4

#### Payment Method Check # Cash

Quantity	Item	Options	Rate	Amount
1	<b>LP09 - Misc - Solicitors, Sidewalk</b> Right Way Concrete Construction - Sidewalk Builders License		\$15.00	\$15.00
			Subtotal	\$15.00
			Tax (%)	

