

QUOTATION AND CONTRACT						
TO: ORONOCO TOWNSHIP			MEETING DATE: 4/14/2025			
PROJECTS: TOWNSHIP ROCK 2025			AWARDING BODY: TOWNSHIP BOARD			
LOCATION: ORONOCO TOWNSHIP ROADS & PROJECTS						
The following quotation subject to the terms & conditions as noted below						
Item on which quote is based	Misc.		Unit Price Del. & Spread		Unit Price Del. & Dumped	
Quoter shall show unit price			Ton	Cu. Yard	Ton	Cu. Yard
Cl 5 road rock delivered and spread as directed on Township roads and projects			\$7.990 TON	\$10.79 YARD	\$7.990 TON	\$10.79 YARD
Discount postcard notices mailed to Township residents						
Rock to meet specifications and deadlines required or amended by Township						
Certified, printed truck scale tickets delivered daily or as instructed to Township Representative						
Quarry source: Rochester North or other quarry as Township Board may designate						
Prices effective to 4/15/2026						
Terms: Invoices are due on or before the first of month following the statement issue						
All quotes tied						
Upon acceptance in writing, this quotation constitutes a contract between Township and Bruening Rock Products.						
No modification of this contract, nor any representation or promise of any agent, shall be binding upon the Company, unless such modification, representation, or promise shall be in writing, signed and accepted by an authorized representative of the company in the same manner as the original contract.						
ACCEPTED: ORONOCO TOWNSHIP			SUPPLIER: BRUENING ROCK PRODUCTS			
DATE: 4/14/2025			Supplier Contact: Jim Zwiener 507-358-9249			
Print Name:			Supplier Contact: Ashley Blake 507-848-1916			
Title:			Supplier Contact: Kaleb Larson 507-993-7393			
Signature:			Supplier Signature:			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2025

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
Holmes Murphy & Associates - CR
201 First Street SE, Suite 700
Cedar Rapids IA 52401

CONTACT
NAME: Alaina Mason
PHONE (A/C, No, Ext): 319-896-7657 FAX (A/C, No):
E-MAIL ADDRESS: alaina.mason@holmesmurphy.com

INSURED
Bruening Rock Products, Inc.
PO Box 127
Decorah, IA 52101

BRUROCPC

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	22667
INSURER B: Ace Property & Casualty Insurance Co.	20699
INSURER C: United Speciality Insurance Co	12537
INSURER D: Underwriters of Lloyd's London	194
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 196475571

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		HDOG48923525	2/28/2025	2/28/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/PO/AGG \$4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISAH10845798	2/28/2025	2/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000		G71786213006	2/28/2025	2/28/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WLRC73090039	2/28/2025	2/28/2026	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Excess Liability		DGEXS6010524	2/28/2025	2/28/2026	Per Occ/Aggr \$3,500,000
D	Excess Liability		XS1174824	2/28/2025	2/28/2026	Per Occ/Aggr \$3,500,000

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

CERTIFICATE HOLDER**CANCELLATION**

To Whom It May Concern
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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

Kari Coolidge

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