



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2025

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 Winona Agency, Inc. PO Box 919 Winona MN 55987	CONTACT NAME: PJ Hawthorne PHONE (A/C, No, Ext): 507-453-6355 E-MAIL ADDRESS: pjhawthorne@walivebig.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mut Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 15350
INSURED Roberson Lime & Rock, Inc. 34686 County Road 72 Zumbro Falls MN 55991	ROBELIM-01	

## COVERAGES

CERTIFICATE NUMBER: 1008681203

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 WVD	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 <input checked="" type="checkbox"/> 1000 PD DED PER GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		B990923	4/11/2025	4/11/2026	EACH OCCURRENCE \$ 1,000,000 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 - COM/OP AGG \$ 2,000,000 PD DED PER CLAIM \$ 1,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		B990923	4/11/2025	4/11/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		B990923	4/11/2025	4/11/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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	B990938	4/11/2025	4/11/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractor's Equipment \$5,000 Deductible ACV		B990923	4/11/2025	4/11/2026	Scheduled Equipment 4,732,381

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

## CERTIFICATE HOLDER

## CANCELLATION

Roberson Lime & Rock, Inc. For Informational Purposes  
34686 County Road 72  
Zumbro Falls MN 55991  
USA

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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QUOTATION

Roberson Lime & Rock, Inc.

34686 County Road 72

Zumbro Falls, MN 55991

Phone: (507)753-2313

Josh cell: (507)259-8279

To: Oronoco Township Board

Date: April 14, 2025

RE: Crushed Rock for Maintenance

Roberson Lime & Rock, Inc. would like to submit a Quotation of:

\$ 8.50 Per Ton

Which is the equivalent to: \$ 11.48 Per Yard

For Crushed Rock to be truck spread on the Oronoco Township Roads, under the direction of the Township Board, during the Summer Road Maintenance & Repair Season ONLY.

Please Note:

This Price is not for materials delivered during any road weight restriction time.

We Thank You for the Opportunity to place this Quotation with You.

Roberson Lime & Rock, Inc.



QUOTATION

Roberson Lime & Rock, Inc.

34686 County Road 72

Zumbro Falls, MN 55991

Phone: 753-2313

Josh cell: (507)259-8279

Date: April 14, 2025

Township: Oronoco Township

**Product: Crushed Rock Spread on Icy Township Roads**

**Important: If the Maintenance Rock is NOT awarded to us, then we withdraw this Winter Quotation.**

Winter Pre-Pay Flat Charge: \$ 8,000.<sup>00</sup>

Due at the beginning of Winter Season.

Note: This Pre-Pay may ONLY be used for winter rock on Ice. There will be no carry-over into spring/summer maintenance Rock. This is the expense of winter equipment & Drivers, etc.

Quotation:

Price for Rock: \$ 12.<sup>00</sup> per yard

PLUS: Price for Labor: \$ 130.<sup>00</sup> per Hour

Please Note:

Each month, the Work Done for the Township will be included in this Charge.

If the Work done is more than your Winter Pre-Pay, you will be Invoiced for the Balance Due.

We Sincerely Thank You for the Opportunity to place this Quotation.

Roberson Lime & Rock, Inc.