

Invoice  
Roberson Lime & Rock, Inc.  
34686 Co. Rd. 72  
Zumbro Falls, MN. 55991

To: Oronoco Township Board

Invoice Date: 5/1/2026

RE: Crushed Rock Truck-Spread on Township Roads

20th Avenue.	=.	234.	Yard	=.	04/28/26
81st Street.	=.	450.	Yard.	=.	04/28/26
11th. Avenue.	=.	954.	Yard.	=.	04/28. &. 04/29/26
14th Avenue.	=.	432.	Yard.	=.	04/30/26
55th Avenue.	=.	900.	Yard.	=.	04/30/26
90th Street.	=.	36.	Yard.	=.	04/30/26
1st Avenue.	=.	216.	Yard.	=.	04/30. &. 05/01/26
2nd Avenue.	=.	270.	Yard.	=.	05/01/26
135th Street.	=.	72.	Yard.	=.	05/01/26
15th Street.	=.	72.	Yard.	=.	05/01/26

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**3,636. Yard of Crushed Rock is the same as:**

**4,908 Ton. (1.35 Conversion)**

**@ \$8.85 per Ton. =**

**Total Due: \$43,435.80**

We Sincerely Thank You for Your Business!



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/10/2026

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).

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

**COVERAGES** **CERTIFICATE NUMBER:** 622477044 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B99092301	4/11/2026	4/11/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ Waived
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							PD DED PER CLAIM	\$ 2,500
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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			B99092301	4/11/2026	4/11/2027	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			B99092301	4/11/2026	4/11/2027	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
							Personal & Advertising	\$ 2,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	B99093801	4/11/2026	4/11/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
			N/A				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			B99092301	4/11/2026	4/11/2027	Scheduled Equipment	4,164,079

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

<b>CERTIFICATE HOLDER</b>  Oronoco Township 13147 18th Ave NW Oronoco MN 55960 USA	<b>CANCELLATION</b>  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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