

Our intention is to have in-person meetings going forward. For the time being, we will hold the City Committee Meetings, Plan Commission, Council and most others at the Community Room at 933 Michigan Avenue. This in-person location will meet the legal requirement for our open meetings.

We will have a virtual option available, but the technology for the hybrid style meeting may not be reliable all of the time.

**\*AMENDED\***

**CITY OF STEVENS POINT  
BOARD OF PUBLIC WORKS MEETING**

**February 14, 2022 - 6:10 PM**

**(or immediately following previously scheduled meeting)**

**Community Room  
933 Michigan Avenue, Stevens Point, WI**

**OR**

**Zoom Teleconferencing**

**Meeting ID: 856 7607 0538 | Passcode: 506759**

**By Computer:** <https://us02web.zoom.us/j/85676070538?pwd=QkpCZkY1dW13c3ptNWJhNTBiN29Mdz09>

**By Phone: +1-312-626-6799 (US Chicago)**

**(A quorum of the City Council may attend this meeting)**

**AGENDA**

**Roll Call**

**Informational**

1. Director's Report
  - a. Business 51 (Division & Church Streets) Reconstruction Project
  - b. McDill Monitoring and Control System

**Discussion and Possible Action**

2. Ordinance Amendment - Parking Meter Zones and Controls.
3. To Award the Bituminous Patching Project to American Asphalt of WI in the amount not to exceed \$114,250.43.
4. Revocable Occupancy License - to construct a fence along North Point Drive and Michigan Avenue around SentryWorld Golf Course.

**Adjourn**

Meeting Rider

Any person who has special needs while attending this meeting or needing agenda materials for this meeting should contact the City Clerk as soon as possible to ensure a reasonable accommodation can be made. The City Clerk can be reached by telephone at (715) 346-1569, TDD # 346-1556 or by mail at 1515 Strong's Ave., Stevens Point, WI 54481.

Copies of ordinances, resolutions, reports and minutes of the committee meetings are on file at the office of the City Clerk for inspection during normal business hours from 7:30 a.m. to 4:00p.m.

City of Stevens Point  
1515 Strongs Avenue  
Stevens Point, WI 54481



**Public Works**  
Engineering Department:  
Phone: 715-346-1561  
Fax: 715-346-1650

Streets Department:  
Phone: 715-346-1537  
Fax: 715-346-1687

February 8, 2021

DIRECTOR OF PUBLIC WORKS REPORT  
Scott Beduhn

## 1. Engineering Division

- **Sidewalk Continuation**
  - Nothing new to report.
- **Stanley Street at North Point Drive Intersection Improvements:**
  - Nothing new to report at this time.
- **TAP Grant**
  - Staff continues to work towards closing out the project.
- **East Park Commerce Center**
  - The contractor began clearing and grubbing and preparing a plan for dewatering with the intent of installing utilities late this winter.
- **Country Club Drive**
  - Staff is working to create a final concept of the road design.
- **Business 51 (Division and Church Streets) Reconstruction Project**
  - An STP-Urban application was submitted for a portion of the Business 51 project from the south municipal limit to Michigan Avenue. Grant awards will not be determined until late winter of 2022.
  - After meeting with Church Street business owners and residents, AECOM is diligently working to create a 30 percent design of the corridor. This task will take several months to complete.
    - Based upon requests from the Church Street business owners, AECOM is reevaluating turn lane lengths and potential impacts to existing access points.
  - While the details are not yet known, WISDOT has announced additional funding that will be available through the Infrastructure Investment and Job Act. Staff is paying close attention to this that we might be able to utilize the funding for this project.

- **Clark/Main Study**
  - AECOM has reviewed the current traffic count data and has prepared traffic forecasts for use in the study.
    - AECOM summarized the forecast data in a technical memo.
  - AECOM create SYNCRO models to use in the traffic analysis and has evaluated the existing operating conditions.
    - AECOM summarized the existing condition in a technical memo.
- **McDill Monitoring and Control System Project**
  - The new system has been installed and is ready for testing and start-up.
  - Our design consultant will be making a trip to review the installation and operation in early February.
- **2021 Road Resurfacing Project**
  - All work has been completed. The contractor will return in the spring to address any punchlist or warranty items and to touchup any restoration in need of repair.
- **2021 Streets Improvement Project**
  - The contractor will be returning in the spring to complete the 5 remaining blocks of the project.
- **2022 Pavement Maintenance Project**
  - Staff is reviewing the most recent PASER ratings and past pavement maintenance activities to identify this year's project limits for bidding later this spring.
- **2022 Streets Improvement Project**
  - The design of this project is nearing completion.
  - Staff is in the process of scheduling a PIM for late February or early March.
  - It is anticipated that this project will bid in March.
- **Plover River Crossing Trail Project**
  - A final TAP application was submitted on January 25, 2022.
- **Additional Miscellaneous Projects:**
  - The parking kiosks firmware update that was necessary to ensure continued communication and credit card processing has been completed.
  - Engineering Staff continues gathering survey data and researching right of way for proposed 2022 roadway projects.
  - Over the past few years staff have been actively working on replacing older energy consuming street lighting and that effort continues in 2022.
    - Staff is working to identify remaining areas for LED lighting upgrades.
  - Engineering staff has been working with university staff on several fronts to improve the University environment. These include:
    - Discussions related to the future of North Division Street as part of the Business 51 planning study.
    - Discussions in conjunction with Community Development on the future of the old Maytag lot.
    - Discussions regarding the redevelopment of Fourth Avenue through campus which is tentatively scheduled for reconstruction in 2026.

## 2. Streets Division – December, 2021

- **Street work**

- Continued Garbage and Recycling operations.
- Sign work continued.
- Building maintenance and repair.
- Patching Continued.
- Repairs of Equipment continued.
- Winter Snow and Ice Control Operations continued.
- Maintained Holiday decorations.
- Hauled Snow to Iverson & from City Owned Lots.

- **Equipment maintenance/garage**

- There were a total of 98 repair orders completed in the month of December.  
When broken down by department there were;

|             |    |
|-------------|----|
| Water       | 48 |
| Engineering | 0  |
| Inspection  | 0  |
| Police      | 11 |
| Parks       | 16 |
| Fire        | 1  |
| Streets     | 22 |

- **Signs, posts, barricades, and flags**

- 29 signs were replaced or added, 1 because of accidents, 3 for maintenance, 1 was moved, 1 was vandalized, 11 were replaced and 12 were updated.
- 15 poles were replaced or added, 7 because of accidents, 4 for usual maintenance, 1 was moved and 2 were replaced.
- Replaced damaged mailbox at 5000 Chickadee Ln.
- Replaced damaged mailbox on Wildwood Dr.
- Replaced damaged mailbox at 4001 Green Ave.
- Replaced damaged mailbox at 3324 Teton Dr.

- **Garbage/recycling/yard waste/drop-off**

- Garbage and recycling carts repaired/replaced/distributed as needed.
- Regular solid waste collection completed.
- Regular recycling collection completed.
- City drop-off operations were completed.

- **Leave**

- 148.5 hours of sick time, 412 hours of vacation time, 8 hours of funeral leave and 28 hours unpaid time were utilized.

### 3. Streets Division – January, 2022

- **Street work**

- Continued Garbage and Recycling operations.
- Sign work continued. New UWSP logo street head installation in progress.
- Building maintenance and repair.
- Patching Continued.
- Repairs of Equipment continued.
- Winter Snow and Ice control Operations continued.
- Collection of Christmas trees.
- New LED light replacement in Business Park.
- Hauled Snow to Iverson/E Maria.
- Misc. tree clean up projects. (helping forestry dept)

- **Equipment maintenance/garage**

- There was a total of 80 repair orders completed in the month of January. When broken down by department there were.

|             |    |
|-------------|----|
| Water       | 3  |
| Engineering | 1  |
| Inspection  | 0  |
| Police      | 6  |
| Parks       | 16 |
| Fire        | 1  |
| Streets     | 53 |

- **Signs, posts, barricades, and flags**

- 72 signs were replaced or added, 1 because of an accident, 1 was vandalized, 50 were installed and 20 were updated.
- 2 poles were replaced or added, 1 because of an accident and 1 for usual maintenance.
- All UWSP Street Signs were placed.
- Installed "YIELD" signs in front of Quandt Fieldhouse.
- Replaced damaged mailbox at 2829 Burbank St.
- Replaced damaged mailbox at 1217 Green Ave.
- Set up traffic control for Stanley St. light pole knock down.
- Set up traffic control for Main St. light pole knock down.

- **Garbage/recycling/yard waste/drop-off**

- Garbage and recycling carts repaired/replaced/distributed as needed.
- Regular solid waste collection completed.
- Regular recycling collection completed.
- City drop-off operations were completed.

- **Leave**

- 204 hours of sick, 185 hours of vacation, 64 hours unpaid and 16 hours of funeral time were utilized.

City of Stevens Point  
1515 Strongs Avenue  
Stevens Point, WI 54481



**Public Works**

Engineering Department:

Phone: 715-346-1561

Fax: 715-346-1650

Streets Department:

Phone: 715-346-1537

Fax: 715-346-1687

January 24, 2022

To: Board of Public Works

From: Scott Beduhn, Director of Public Works

Re: Ordinance Amendments

The ordinance amendment of Section 9.05(p), amending Parking Meter Zones & Control is the result of continued efforts updating and organizing the code. The mechanical operated parking meters along with their current metered zones haven't been used or enforced for many years. Eliminating these areas will help clean up the parking ordinance map and make it easier to read and follow.

If there are any questions, please do not hesitate to contact me.

Thank you,

**ORDINANCE AMENDING THE REVISED MUNICIPAL CODE OF THE  
CITY OF STEVENS POINT, WISCONSIN**

The Common Council of the City of Stevens Point do ordain as follows:

**SECTION I:** That subsection A of Section 9.05(p)(9) of the Revised Municipal Code, **Metered Zones and Lots Established: Time Limits** is hereby **amended** to read as follows:

- 9.05(p)(9) A. Fifteen-Minute Parking Meter Zones. The following streets, and part of streets are declared to be fifteen (15) minute parking zones and no person shall park, stop, or leave standing any vehicle in any parking space within such zones in excess of fifteen (15) minutes.

**SECTION II:** That subsection B of Section 9.05(p)(9) of the Revised Municipal Code, **Metered Zones and Lots Established: Time Limits** is hereby **amended** to read as follows:

- 9.05(p)(9) B. Sixty-Minute Parking Meter Zones. The following streets, and part of streets are declared to be sixty (60) minute parking zones and no person shall park, stop, or leave standing any vehicle in any parking space within such zones in excess of sixty (60) minutes.

**SECTION III:** That subsection C of Section 9.05(p)(9) of the Revised Municipal Code, **Metered Zones and Lots Established: Time Limits** is hereby **amended** to read as follows:

- 9.05(p)(9) C. Two-Hour Parking Meter Zones. The following streets, and part of streets are declared to be two (2) hour parking zones and no person shall park, stop, or leave standing any vehicle in any parking space within such zones in excess of two (2) hours.

**SECTION IV:** That subsection D of Section 9.05(p)(9) of the Revised Municipal Code, **Metered Zones and Lots Established: Time Limits** is hereby **amended** to read as follows:

- 9.05(p)(9) D. Ten-Hour Parking Meter Zones. The following streets, and part of streets are declared to be ten (10) hour parking zones and no person shall park, stop, or leave standing any vehicle in any parking space within such zones in excess of ten (10) hours.

**SECTION V:** That subsection E of Section 9.05(p)(9) of the Revised Municipal Code, **Metered Zones and Lots Established: Time Limits** is hereby **amended** to read as follows:

- 9.05(p)(9) E. Twenty-Four-Hour Parking Meter Zones. The following streets, and part of streets are declared to be twenty-four (24) hour parking zones and no person shall park, stop, or leave standing any vehicle in any parking space within such zones in excess of twenty-four (24) hours.

**SECTION VI:** That subsection F of Section 9.05(p)(9) of the Revised Municipal Code, **Metered Zones and Lots Established: Time Limits** is hereby **amended** to read as follows:

- 9.05(p)(9) F. Four-Hour Parking Meter Zones. The following streets, and part of streets are declared to be four (4) hour parking zones and no person shall park, stop, or leave standing any vehicle in any parking space within such zones in excess of four (4) hours.

**SECTION VII:** That subsection G of Section 9.05(p)(9) of the Revised Municipal Code, **Metered Zones and Lots Established: Time Limits** is hereby **amended** to read as follows:

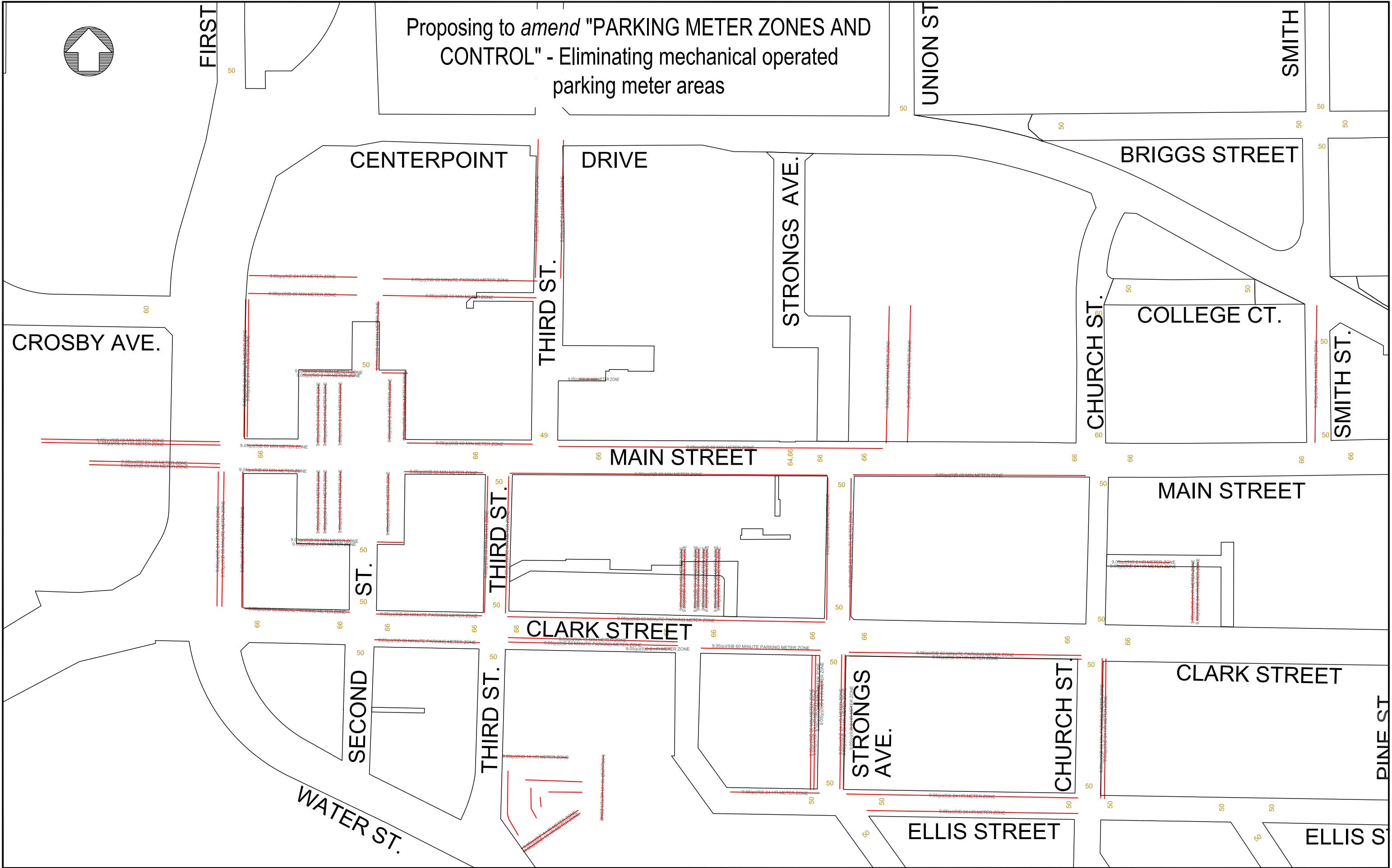
- 9.05(p)(9) G. Thirty-Minute Parking Meter Zones. The following streets, and part of streets are declared to be thirty (30) minute parking zones and no person shall park, stop, or leave standing any vehicle in any parking space within such zones in excess of thirty (30) minutes.

**SECTION VIII:** These ordinance changes shall take effect upon passage and publication:

Approved: \_\_\_\_\_  
Mike Wiza, Mayor

Attest: \_\_\_\_\_  
Kari Yenter, City Clerk

Dated: January 24, 2022  
Approved: February 21, 2022  
Published: February 25, 2022



City of Stevens Point  
1515 Strongs Avenue  
Stevens Point, WI 54481



**Public Works**

Engineering Department:  
Phone: 715-346-1561  
Fax: 715-346-1650

Streets Department:  
Phone: 715-346-1537  
Fax: 715-346-1687

February 9, 2022

To: Board of Public Works

From: Scott Beduhn, Director of Public Works 

Re: Contract Award Recommendation  
Bituminous Patching Project  
Project 22-03

Bids for the annual Bituminous Patching Project were received on February 9, 2022. As has historically been the case with this project, only one bid was received. The single bid, submitted by American Asphalt, totaled \$99,348.20 and is summarized in the attached bid tabulation. This year's bid is approximately 20 percent higher than American's bid from last year. Although the bid is higher than last year's the increase was anticipated, and the bid is in line with the engineer's estimate for the work.

It is staff's recommendation that the project be awarded to American Asphalt in an amount not to exceed \$114,250.43, including a 15 percent contingency.

If there are any questions, please do not hesitate to contact me.

Thank you.

Z:\90 - MEETINGS\2022 - MEETINGS\02 - February Meeting\Memo - Award Bituminous Patching 22-03.doc

**2022 Bituminous Patching Project (#8108035)****Owner: City of Stevens Point****February 9, 2022 at 9:00 AM CST**

|                  |                  |                                              |                                       |                 | <b>American Asphalt of WI</b> |                      |
|------------------|------------------|----------------------------------------------|---------------------------------------|-----------------|-------------------------------|----------------------|
| <b>Line Item</b> | <b>Item Code</b> | <b>Item Description</b>                      | <b>UofM</b>                           | <b>Quantity</b> | <b>Unit Price</b>             | <b>Extension</b>     |
| 1                | 204.01           | Removing Pavement                            | S.Y.                                  | 50              | \$ 61.62                      | \$ 3,081.00          |
| 2                | 305.012          | Base Aggreragate Dense (1-1/4 Inch)          | TON                                   | 20              | \$ 27.34                      | \$ 546.80            |
| 3                | 390.0203         | Base Patching Asphaltic (>10 sq. yds.)       | S.Y.                                  | 1460            | \$ 54.64                      | \$ 79,774.40         |
| 4                | 390.0203         | Base Patching Asphaltic (< or = 10 sq. yds.) | S.Y.                                  | 140             | \$ 63.90                      | \$ 8,946.00          |
| 5                | 690.015          | Sawcutting Asphalt                           | L.F.                                  | 2000            | \$ 3.50                       | \$ 7,000.00          |
|                  |                  |                                              | <b>Base Bid Total:</b>                |                 |                               | <b>\$ 99,348.20</b>  |
|                  |                  |                                              | <b>Base Bid plus 15% contingency:</b> |                 |                               | <b>\$ 114,250.43</b> |

## **REVOCABLE OCCUPANCY LICENSE**

THIS AGREEMENT, made and entered into on the 22nd day of February, 2022 by and between

LICENSOR  
City of Stevens Point  
1515 Strongs Avenue  
Stevens Point, WI 54481

and

LICENSEE  
281-2408-21-3100-03  
SentryWorld Real Estate, LLC  
1800 North Point Drive  
Stevens Point, WI 54481

### **WITNESSETH**

1. Encroachment Location. Property of the LICENSOR located in part of the Southwest Quarter and the Southeast Quarter of Section 21, Township 24 North, Range 8 East, City of Stevens Point, Portage County, Wisconsin. The LICENSED AREA to be located as indicated on attached Exhibit 'A'.

2. Encroachment Description. A fence located within the east right of way of Michigan Avenue and within the north right of way of North Point Drive as shown on attached Exhibit 'A'.

3. Grant of License. The LICENSOR grants to the LICENSEE a license to temporarily keep and maintain the above described encroachment(s) within the above encroachment location(s) on the terms and conditions hereinafter set forth.

4. Maintenance. The LICENSEE, at LICENSEE's sole cost and expense, shall maintain the encroachment(s) upon the LICENSOR's property at the location described above in a manner and condition satisfactory to the LICENSOR's Director of Public Works, or an authorized representative. In the event that the encroachment(s) is found to be dangerous to travel on a public highway or street, either by causing obstruction to the view or any other threat to safety, or on the basis of a need to expand capacity, or improve safety, or should any public works project require, then, following notice from the LICENSOR, the LICENSEE, at LICENSEE's sole expense shall promptly remove the encroachment(s), located upon said LICENSOR's property, whereupon this license shall terminate, as hereinafter provided.

5. Payments by LICENSEE. As compensation for the license herein granted, the LICENSEE shall pay the LICENSOR a onetime fee of \$500.00 payable in advance, set forth per resolution adopted on January 18, 2017 and filed in the City Clerk's office as number 36020. The LICENSEE shall assume and pay all taxes, license fees, membership fees and charges, and other charges levied, accrued or arising out of the existence of the fence. The LICENSEE shall assume all costs

155586.1

associated with the requirements and responsibilities of meeting the provisions of Wis. Stats ch. 182.0175.

6. Placement of Utilities or Improvements. The LICENSOR or any utility having the right to place improvements within the public right of way may do so upon notice to the LICENSEE. Should the installation of any utility or improvement necessitate removal of the encroachment(s), the LICENSEE at LICENSEE's sole expense shall promptly remove the encroachment(s) from the LICENSOR's property, whereupon this license shall terminate, as hereinafter provided.

7. Mechanics' and Materialmen's Liens. The LICENSEE shall fully protect the LICENSOR's property from all Mechanics' and Materialmen's liens accruing on account of any materials furnished or work done in connection with the erection, repair, maintenance, or removal of the encroachment(s).

8. Insurance. So long as this license shall remain in force, LICENSEE, at LICENSEE's sole expense, shall maintain a comprehensive general liability policy of insurance, naming the City of Stevens Point as an additional insured and containing a contractual endorsement reading as follows:

"It is agreed that this policy covers the liability assumed by the insured under agreement dated February 22, 2022 issued by The City of Stevens Point for premises located in part of the Southwest Quarter and the Southeast Quarter of Section 21, Township 24 North, Range 8 East, City of Stevens Point, Portage County, Wisconsin.

The Policy shall contain a combined single limit of liability for personal injuries and property damage of not less than \$1,000,000.00. LICENSEE shall furnish a Certificate of Insurance to the LICENSOR stating that said insurance is in force and that it will not be canceled or materially changed without giving the LICENSOR not less than ten (10) days prior written notice addressed to:

City of Stevens Point  
City Clerk  
1515 Strongs Avenue  
Stevens Point, WI 54481

9. Indemnification by LICENSEE. The LICENSEE shall assume, and does hereby assume, all risk of damage to or destruction of the encroachment(s) for any cause whatsoever while located on the LICENSOR's property, and agrees to, and shall, at all times fully indemnify the LICENSOR and its agents and representatives against all liability, claims, demands, suits, judgments, costs, and expenses for loss of or damage to all property whatsoever and injury to or death of persons whomsoever ("Claims", in any manner arising from or growing out of, directly or indirectly, wholly or in part, the erection, maintenance, existence, or removal of the encroachment(s) or from the LICENSOR's property at the location described above except to the extent the Claims arise out of the negligence or willful misconduct of LICENSOR, its agents and representatives.

10. Assignment. Any assignment by LICENSEE shall be of no force or effect and shall not relieve LICENSEE of LICENSEE's liability or obligations hereunder. This license and the covenants and agreements contained herein are binding upon the LICENSOR, their personal and legal representatives, successors, heirs and assigns, and inures to the benefit of the LICENSEE. This license shall run with the land.

11. Termination. This license shall continue in effect until terminated by either party upon thirty (30) days prior written notice to the other party. Upon termination of this license, the LICENSEE, at LICENSEE's sole cost and expense, shall promptly remove the encroachment(s) from the LICENSOR's property and restore said property to its former condition of usefulness. Should the LICENSOR require it the LICENSEE, at LICENSEE's sole expense, shall provide the LICENSOR a certified survey map or a letter of certification by a Professional Land Surveyor, registered in the State of Wisconsin, attesting to the removal of the encroachment(s) from the abovementioned right of way(s).

In the event LICENSEE shall fail to remove said encroachment(s) and, if so requested by LICENSOR, the LICENSOR shall then have the right to complete such removal and restoration, and the LICENSEE shall promptly reimburse the LICENSOR for all reasonable costs so incurred by the LICENSOR plus fifteen percent (15%) of such cost.

The agreement between the parties hereto, or their predecessors, dated February 22, 2022 is hereby acknowledged.

IN WITNESS WHEREOF, the parties hereto have caused this license to be duly executed as of the day and year first above written.

LICENSOR:  
City of Stevens Point

LICENSEE:  
281-2408-21-3100-03  
SentryWorld Real Estate, LLC  
1800 North Point Drive  
Stevens Point, WI 54481

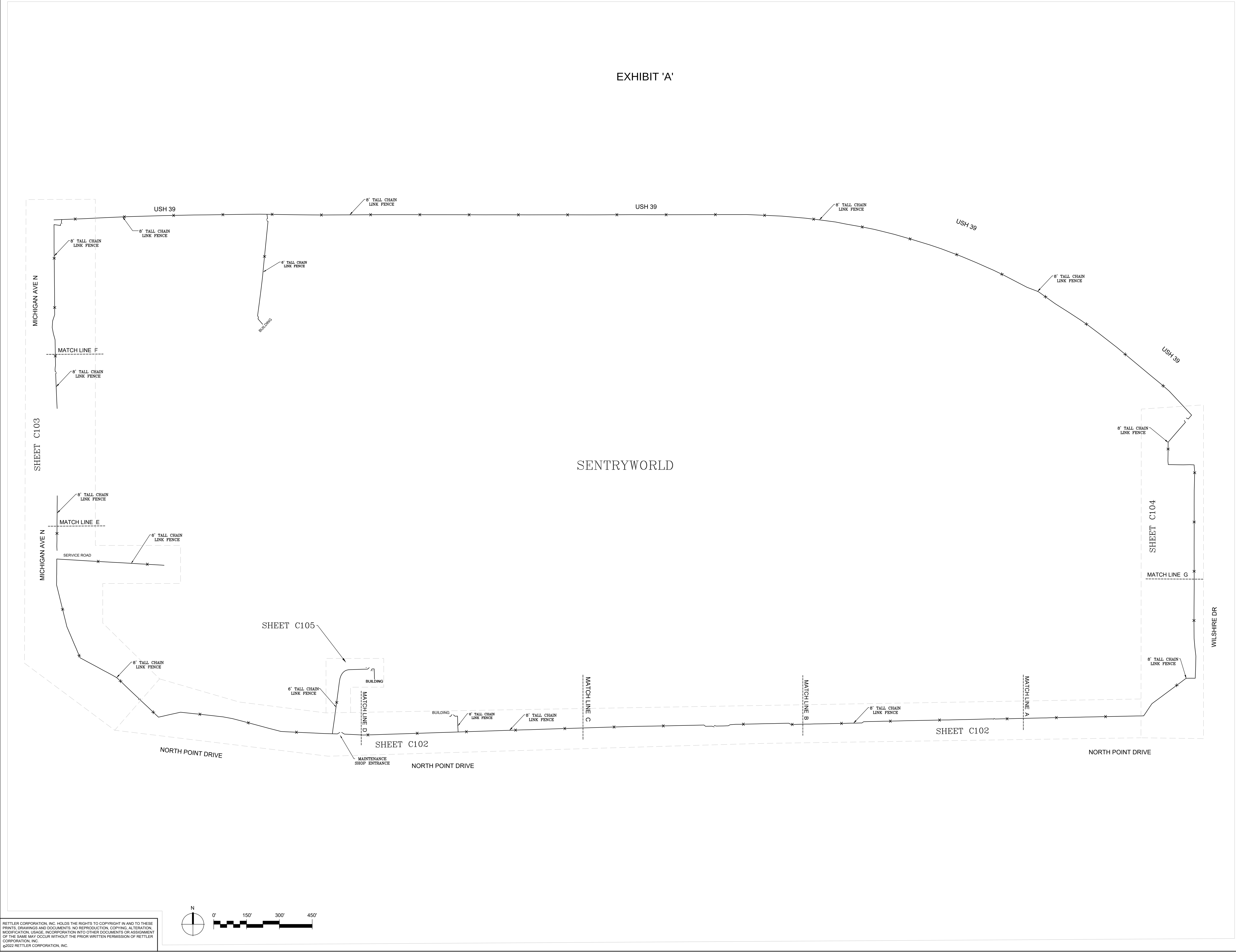
By \_\_\_\_\_  
Mike Wiza, Mayor

By \_\_\_\_\_  
Raina M. Zanow  
Assistant Secretary

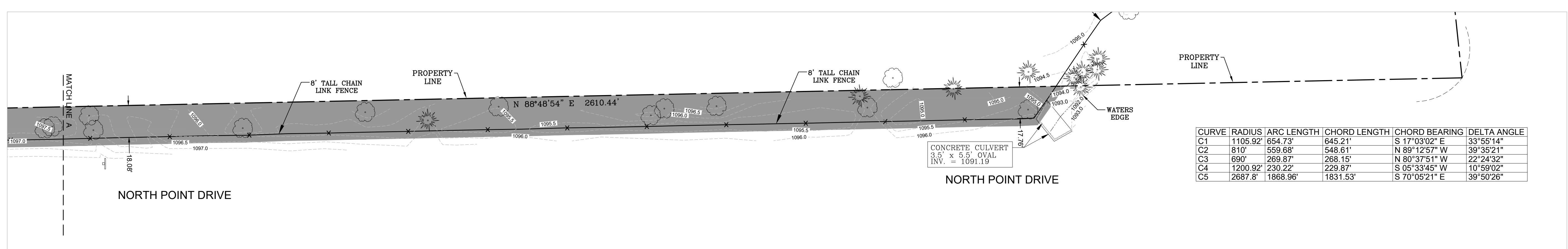
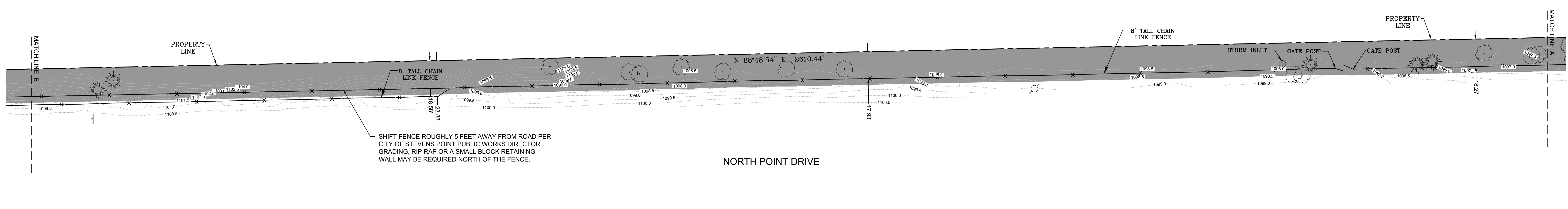
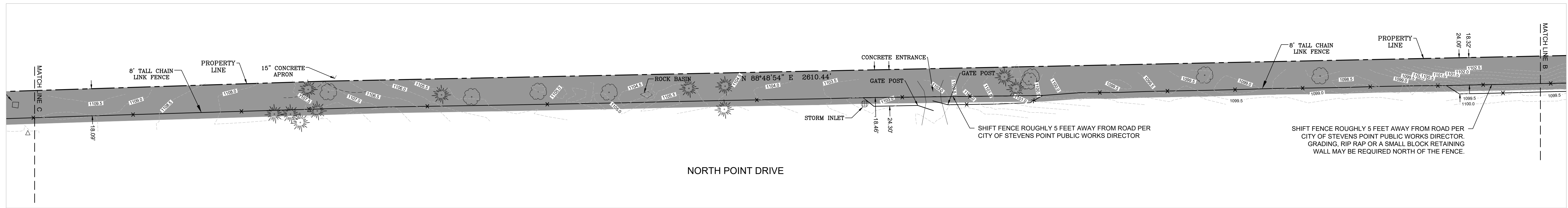
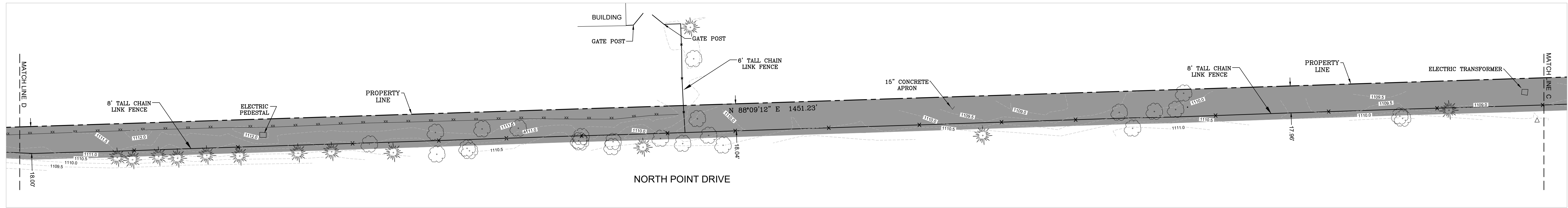
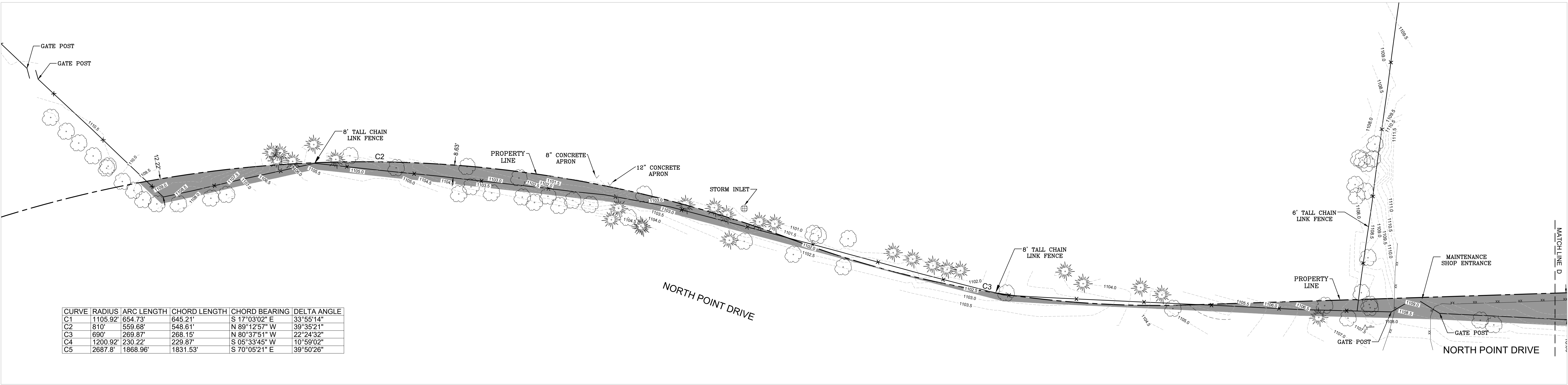
By \_\_\_\_\_  
Kari Yenter, City Clerk

Exhibit 'A'

See attached.



| REV                                                                                                                                                                                                               | DATE | ISSUED FOR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|
| 01/28/22                                                                                                                                                                                                          |      | EXHIBIT A  |
| DRAWN:                                                                                                                                                                                                            |      | B.KLITZKE  |
| CHECKED:                                                                                                                                                                                                          |      | C. RETTLER |
| DOCUMENT NO.                                                                                                                                                                                                      |      |            |
| <div><div>RETTLER</div><div>corporation</div><div>3317 Business Park Drive, Stevens Point, WI 54482<br/>Telephone: 715-341-2653, Fax: 715-341-0431<br/>email: info@ettler.com website: www.ettler.com</div></div> |      |            |
| SENTRYWORLD FENCE REPLACEMENT                                                                                                                                                                                     |      |            |
| EXISTING FENCE OVERVIEW                                                                                                                                                                                           |      |            |
| SENTRYWORLD<br>601 MICHIGAN AVEN<br>STEVENS POINT, WI 54481                                                                                                                                                       |      |            |
| C101                                                                                                                                                                                                              |      |            |



**LEGEND**

LICENSED AREA  
(4' BEYOND EXISTING FENCE)

|  |                    |  |                 |
|--|--------------------|--|-----------------|
|  | LIGHT POLE         |  | WATER VALVE     |
|  | POWER POLE         |  | HYDRANT         |
|  | GUY                |  | SIGN            |
|  | TELEPHONE PEDESTAL |  | DECIDUOUS TREE  |
|  | CATCH BASIN        |  | CONIFEROUS TREE |
|  | CATCH BASIN        |  | BUSH/SHRUB      |
|  | EDGE OF BITUMINOUS |  | CONTOUR LINE    |

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| REV          | DATE | ISSUED FOR |
|--------------|------|------------|
| 01/28/22     |      | EXHIBIT A  |
| DRAWN:       |      | B.KLITZKE  |
| CHECKED:     |      | C. RETTLER |
| DOCUMENT NO. |      |            |

**RETTLER** corporation

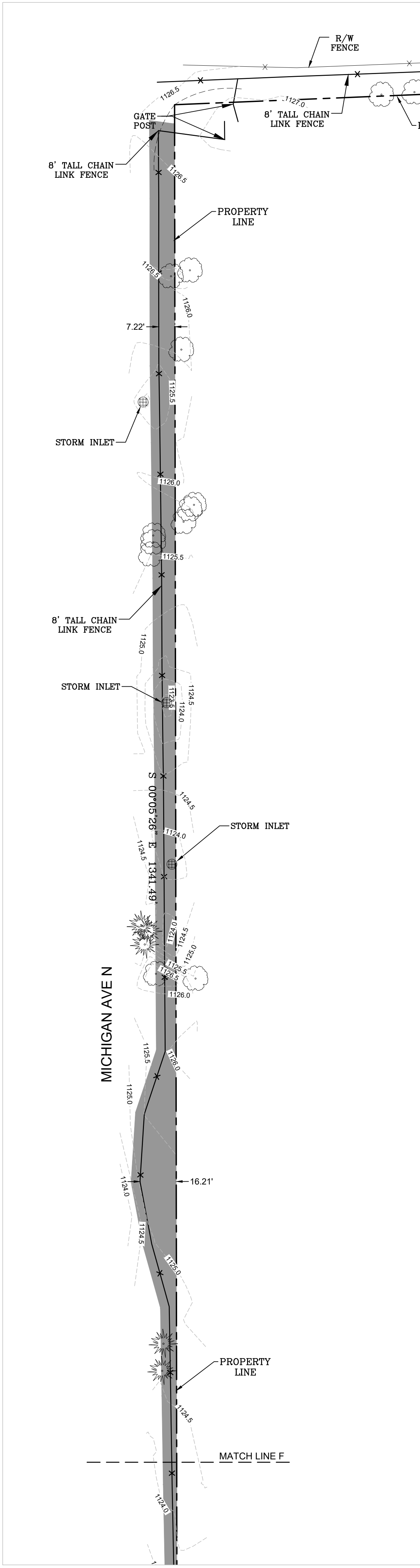
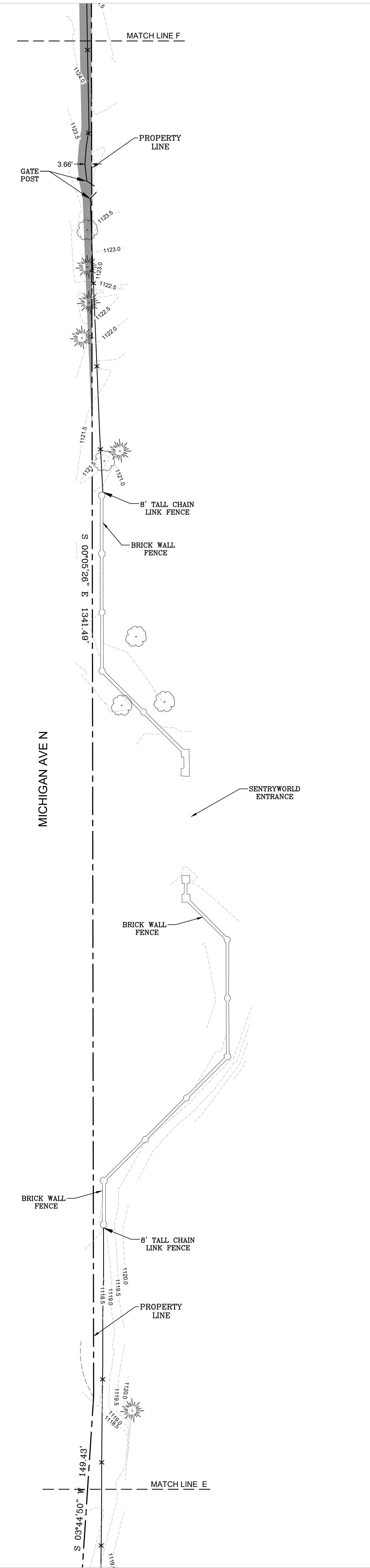
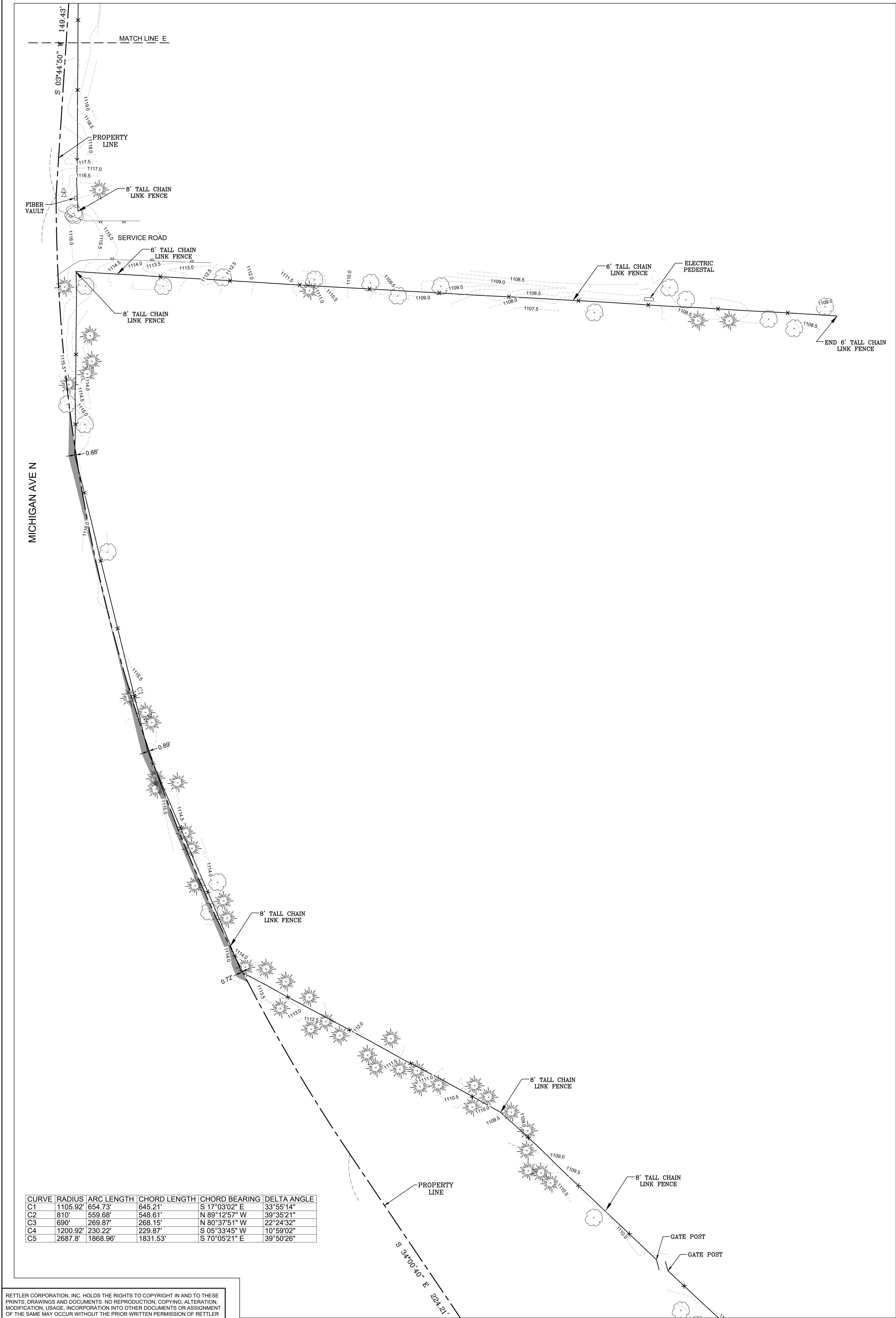
3317 Business Park Drive, Stevens Point, WI 54482  
Telephone: 715-341-2653, Fax: 715-341-0451  
email: info@rettl.com website: www.rettler.com

SENTRYWORLD FENCE REPLACEMENT

EXISTING FENCE

SENTRYWORLD  
601 MICHIGAN AVENUE  
STEVENS POINT, WI 54481

C102



**LEGEND**

LICENSED AREA  
(4' BEYOND EXISTING FENCE)

LIGHT POLE

POWER POLE

GUY

TELEPHONE PEDESTAL

CATCH BASIN

CATCH BASIN

EDGE OF BITUMINOUS

WATER VALVE

HYDRANT

FENCE

SIGN

DECIDUOUS TREE

CONIFEROUS TREE

BUSH/SHRUB

CONTOUR LINE

N

0' 30' 60' 90'





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/03/2022

**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><br>House Accounts<br>1800 North Point Drive<br>Stevens Point, WI 54481            | <b>CONTACT NAME:</b> Sentry Customer Service<br><b>PHONE (A/C, No, Ext):</b> 800-473-6879 <b>FAX (A/C, No):</b> 715-346-8968<br><b>EMAIL ADDRESS:</b> bpsupportclerks@sentry.com<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Sentry Insurance Company</td> <td>24988</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Sentry Insurance Company | 24988 | INSURER B : |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|--------------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURER(S) AFFORDING COVERAGE                                                                     | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                      |       |             |  |             |  |             |  |             |  |             |  |
| INSURER A : Sentry Insurance Company                                                              | 24988                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                      |       |             |  |             |  |             |  |             |  |             |  |
| INSURER B :                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                      |       |             |  |             |  |             |  |             |  |             |  |
| INSURER C :                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                      |       |             |  |             |  |             |  |             |  |             |  |
| INSURER D :                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                      |       |             |  |             |  |             |  |             |  |             |  |
| INSURER E :                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                      |       |             |  |             |  |             |  |             |  |             |  |
| INSURER F :                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                      |       |             |  |             |  |             |  |             |  |             |  |
| <b>INSURED</b><br>Sentry Insurance Company<br>1800 North Point Dr<br>Stevens Point, WI 54481-1253 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                      |       |             |  |             |  |             |  |             |  |             |  |

## COVERAGES

**CERTIFICATE NUMBER:** 2339089

**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|-------------------------------------------|--------------------|------------------------------|----|--------------------------------|----|-------------------|-----------------------------|------------------------|----|--|----|
|                                           | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                                    |           |          |               |                         |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURRENCE                      | \$                              | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$                 | MED EXP (Any one person)     | \$ | PERSONAL & ADV INJURY          | \$ | GENERAL AGGREGATE | \$                          | PRODUCTS - COMP/OP AGG | \$ |  | \$ |
| EACH OCCURRENCE                           | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| MED EXP (Any one person)                  | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| PERSONAL & ADV INJURY                     | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| GENERAL AGGREGATE                         | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| PRODUCTS - COMP/OP AGG                    | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
|                                           | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| A                                         | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY |           |          | 9005196011    | 02/01/2022              | 02/01/2023              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 5,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>                                                                            | COMBINED SINGLE LIMIT (Ea accident)  | \$ 5,000,000                    | BODILY INJURY (Per person)                | \$                 | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ |                   | \$                          |                        |    |  |    |
| COMBINED SINGLE LIMIT (Ea accident)       | \$ 5,000,000                                                                                                                                                                                                                                                 |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| BODILY INJURY (Per person)                | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| BODILY INJURY (Per accident)              | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| PROPERTY DAMAGE (Per accident)            | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
|                                           | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
|                                           | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$                                                                                                                        |           |          |               |                         |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>                                                                                                                                                                                                                                                 | EACH OCCURRENCE                      | \$                              | AGGREGATE                                 | \$                 |                              | \$ |                                |    |                   |                             |                        |    |  |    |
| EACH OCCURRENCE                           | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| AGGREGATE                                 | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
|                                           | \$                                                                                                                                                                                                                                                           |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
|                                           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                |           | N/A      |               |                         |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$</td></tr> </table>                                                           | <input type="checkbox"/> PER STATUTE | <input type="checkbox"/> OTH-ER |                                           | E.L. EACH ACCIDENT |                              | \$ | E.L. DISEASE - EA EMPLOYEE     |    | \$                | E.L. DISEASE - POLICY LIMIT |                        | \$ |  |    |
| <input type="checkbox"/> PER STATUTE      | <input type="checkbox"/> OTH-ER                                                                                                                                                                                                                              |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| E.L. EACH ACCIDENT                        |                                                                                                                                                                                                                                                              | \$        |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| E.L. DISEASE - EA EMPLOYEE                |                                                                                                                                                                                                                                                              | \$        |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
| E.L. DISEASE - POLICY LIMIT               |                                                                                                                                                                                                                                                              | \$        |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |
|                                           |                                                                                                                                                                                                                                                              |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                 |                                           |                    |                              |    |                                |    |                   |                             |                        |    |  |    |

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

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                         |                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Stevens Point<br>City Clerk<br>1515 Strongs Ave<br>Stevens Point, WI 54481-3543 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br> |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ACORD 25 (2016/03)

Page 1 of 2

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9005196  
Sentry Insurance Company

The ACORD name and logo are registered marks of ACORD

02/03/2022

1 00001 0000000000 22034 0 N

cad6b97c-205d-471a-93c1-ae159331c8d3



AGENCY CUSTOMER ID: XXXXXX3950

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

|                                            |                           |                                                  |
|--------------------------------------------|---------------------------|--------------------------------------------------|
| <b>AGENCY</b><br>House Accounts            |                           | <b>NAMED INSURED</b><br>Sentry Insurance Company |
| <b>POLICY NUMBER</b><br>9005196011         |                           |                                                  |
| <b>CARRIER</b><br>Sentry Insurance Company | <b>NAIC CODE</b><br>24988 |                                                  |
| <b>EFFECTIVE DATE:</b> 02/01/2022          |                           |                                                  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/03/2022

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|                                                                                                   |                                                  |                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|
| <b>PRODUCER</b><br>House Accounts<br>1800 North Point Drive<br>Stevens Point, WI 54481            | <b>CONTACT NAME:</b> Sentry Customer Service     |                                    |
|                                                                                                   | <b>PHONE (A/C, No, Ext):</b> 800-473-6879        | <b>FAX (A/C, No):</b> 715-346-8968 |
| <b>INSURED</b><br>Sentry Insurance Company<br>1800 North Point Dr<br>Stevens Point, WI 54481-1253 | <b>EMAIL ADDRESS:</b> bpsupportclerks@sentry.com |                                    |
|                                                                                                   | <b>INSURER(S) AFFORDING COVERAGE</b>             |                                    |
|                                                                                                   | <b>INSURER A :</b> Sentry Insurance Company      |                                    |
|                                                                                                   | <b>INSURER B :</b> Sentry Casualty Company       |                                    |
|                                                                                                   | <b>INSURER C :</b>                               |                                    |
|                                                                                                   | <b>INSURER D :</b>                               |                                    |
|                                                                                                   | <b>INSURER E :</b>                               |                                    |
| <b>INSURER F :</b>                                                                                |                                                  |                                    |
| <b>NAIC #</b>                                                                                     |                                                  |                                    |

## COVERAGES

CERTIFICATE NUMBER: 2339089

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                                                                                                                                                                                          |           |          |               |                         |                         | EACH OCCURRENCE \$                                                                                                                                                                                        |
|          |                                                                                                                                                                                                                                                              |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                              |           |          |               |                         |                         | MED EXP (Any one person) \$                                                                                                                                                                               |
|          |                                                                                                                                                                                                                                                              |           |          |               |                         |                         | PERSONAL & ADV INJURY \$                                                                                                                                                                                  |
|          |                                                                                                                                                                                                                                                              |           |          |               |                         |                         | GENERAL AGGREGATE \$                                                                                                                                                                                      |
|          |                                                                                                                                                                                                                                                              |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$                                                                                                                                                                                 |
|          |                                                                                                                                                                                                                                                              |           |          |               |                         |                         | \$                                                                                                                                                                                                        |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY |           |          | 9005196005    | 02/01/2022              | 02/01/2023              | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                           |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                                                                                                                               |           |          |               |                         |                         | EACH OCCURRENCE \$                                                                                                                                                                                        |
|          | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>                                                                                                                                                                                           |           |          |               |                         |                         | AGGREGATE \$                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                              |           |          |               |                         |                         | \$                                                                                                                                                                                                        |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y / <input type="checkbox"/> N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below        | N / A     |          | 9005196002    | 01/01/2022              | 01/01/2023              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                              |           |          |               |                         |                         |                                                                                                                                                                                                           |

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Stevens Point  
City Clerk  
1515 Strongs Ave  
Stevens Point, WI 54481-3543

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

ACORD 25 (2016/03)

Page 1 of 2

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9005196  
Sentry Insurance Company

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02/03/2022

1 00001 0000000000 22034 0 N

b02a8cf6-9843-4cee-af3c-22ac9110a1af



AGENCY CUSTOMER ID: XXXXXX3950

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

|                                            |                           |                                                  |
|--------------------------------------------|---------------------------|--------------------------------------------------|
| <b>AGENCY</b><br>House Accounts            |                           | <b>NAMED INSURED</b><br>Sentry Insurance Company |
| <b>POLICY NUMBER</b><br>9005196005         |                           |                                                  |
| <b>CARRIER</b><br>Sentry Insurance Company | <b>NAIC CODE</b><br>24988 | <b>EFFECTIVE DATE:</b> 02/01/2022                |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance



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|                                                                                                   |                                                  |                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|
| <b>PRODUCER</b><br>House Accounts<br>1800 North Point Drive<br>Stevens Point, WI 54481            | <b>CONTACT NAME:</b> Sentry Customer Service     |                                    |
|                                                                                                   | <b>PHONE (A/C, No, Ext):</b> 800-473-6879        | <b>FAX (A/C, No):</b> 715-346-8968 |
| <b>INSURED</b><br>Sentry Insurance Company<br>1800 North Point Dr<br>Stevens Point, WI 54481-1253 | <b>EMAIL ADDRESS:</b> bpsupportclerks@sentry.com |                                    |
|                                                                                                   | <b>INSURER(S) AFFORDING COVERAGE</b>             |                                    |
|                                                                                                   | <b>INSURER A :</b> Sentry Insurance Company      |                                    |
|                                                                                                   | <b>INSURER B :</b>                               |                                    |
|                                                                                                   | <b>INSURER C :</b>                               |                                    |
|                                                                                                   | <b>INSURER D :</b>                               |                                    |
| <b>INSURER E :</b>                                                                                |                                                  |                                    |
| <b>INSURER F :</b>                                                                                |                                                  |                                    |
| <b>NAIC #</b>                                                                                     |                                                  |                                    |
| 24988                                                                                             |                                                  |                                    |

## COVERAGES

CERTIFICATE NUMBER: 2339089

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 INSR                                               | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                          |              |
|----------|--------------------------------------------------------------------------------|---------------------------------------------------------|----------|---------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |                                                         |          | 9005196003    | 02/01/2022              | 02/01/2023              | EACH OCCURRENCE                                                                 | \$ 5,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                                                         |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 500,000   |
|          |                                                                                |                                                         |          |               |                         |                         | MED EXP (Any one person)                                                        | \$ 10,000    |
|          |                                                                                |                                                         |          |               |                         |                         | PERSONAL & ADV INJURY                                                           | \$ 5,000,000 |
|          |                                                                                |                                                         |          |               |                         |                         | GENERAL AGGREGATE                                                               | \$ 5,000,000 |
|          |                                                                                |                                                         |          |               |                         |                         | PRODUCTS - COMP/OP AGG                                                          | \$ 5,000,000 |
|          |                                                                                |                                                         |          |               |                         |                         |                                                                                 |              |
| A        | <b>AUTOMOBILE LIABILITY</b>                                                    |                                                         |          | 9005196004    | 02/01/2022              | 02/01/2023              | COMBINED SINGLE LIMIT (Ea accident)                                             | \$ 5,000,000 |
|          | <input checked="" 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 type="checkbox"/>                                                       | <input type="checkbox"/>                                |          |               |                         |                         |                                                                                 | \$           |
|          | <b>UMBRELLA LIAB</b>                                                           |                                                         |          |               |                         |                         | EACH OCCURRENCE                                                                 | \$           |
|          | <b>EXCESS LIAB</b>                                                             |                                                         |          |               |                         |                         | AGGREGATE                                                                       | \$           |
|          | <input type="checkbox"/> DED                                                   | <input type="checkbox"/> RETENTION \$                   |          |               |                         |                         |                                                                                 | \$           |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           |                                                         |          | 9005196001    | 01/01/2022              | 01/01/2023              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    | <input type="checkbox"/> Y / <input type="checkbox"/> N | N / A    |               |                         |                         | E.L. EACH ACCIDENT                                                              | \$ 1,000,000 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                         |                                                         |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                                                      | \$ 1,000,000 |
|          |                                                                                |                                                         |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT                                                     | \$ 1,000,000 |
|          |                                                                                |                                                         |          |               |                         |                         |                                                                                 |              |

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

Refer to attached

## CERTIFICATE HOLDER

City of Stevens Point  
City Clerk  
1515 Strongs Ave  
Stevens Point, WI 54481-3543

## 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

*Scott Miller*

ACORD 25 (2016/03)

9005196

Sentry Insurance Company

1 00001 0000000000 22034 0 N

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02/03/2022



AGENCY CUSTOMER ID: XXXXXX3950

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

|                                            |                           |                                                  |
|--------------------------------------------|---------------------------|--------------------------------------------------|
| <b>AGENCY</b><br>House Accounts            |                           | <b>NAMED INSURED</b><br>Sentry Insurance Company |
| <b>POLICY NUMBER</b><br>9005196003         |                           |                                                  |
| <b>CARRIER</b><br>Sentry Insurance Company | <b>NAIC CODE</b><br>24988 |                                                  |
| <b>EFFECTIVE DATE:</b> 02/01/2022          |                           |                                                  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance**General Liability**

The City of Stevens Point added as an Additional Insured as their interest may apply in regards to the following:  
"It is agreed that this policy covers the liability assumed by the insured under agreement dated February 22, 2022 issued by the City of Stevens Point for premises located in part of the Southwest Quarter and the Southeast Quarter of Section 21, Township 24 North, Range 8 East, City of Stevens Point, Portage County, Wisconsin.