

**APPLICATION AND CERTIFICATE FOR PAYMENT**

TO OWNER:  
 Village of Harrison  
 W5298 State Rd. 114  
 Menasha WI 54952  
 FROM CONTRACTOR:  
 Johnson and Jonet Mechanical  
 1800 Sal St.  
 Green Bay WI 54302

PROJECT:  
 Fire Rescue Station 70  
 W5662 Manitowac Rd.  
 Harrison, WI  
 VIA ARCHITECT:  
 Wendel Architects  
 204 E. Grand Ave  
 Eau Claire WI 54701

APPLICATION #: 4  
 PERIOD TO: 12/31/25  
 PROJECT NOS: 634501  
 CONTRACT DATE: 08/05/25

Distribution to:  
 Owner  
 Const. Mgr  
 Architect  
 Contractor

CONTRACT FOR: Village Of Harrison Fire Rescue Station 70 HVAC

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract.  
 Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM-----	\$	1,062,700.00
2. Net change by Change Orders-----	\$	
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	1,062,700.00
4. TOTAL COMPLETED & STORED TO DATE-\$ (Column G on Continuation Sheet)		169,106.99
<b>5. RETAINAGE:</b>		
a. 5.0% of Completed Work (Columns D+E on Continuation Sheet)	\$	4,549.15
b. 5.0% of Stored Material (Column F on Continuation Sheet)	\$	3,906.20
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet-----	\$	8,455.35
6. TOTAL EARNED LESS RETAINAGE----- (Line 4 less Line 5 Total)	\$	160,651.64
<b>7. LESS PREVIOUS CERTIFICATES FOR PAYMENT</b> (Line 6 from prior Certificate)-----		
	\$	49,847.75
8. CURRENT PAYMENT DUE-----	\$	110,803.89
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	902,048.36

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

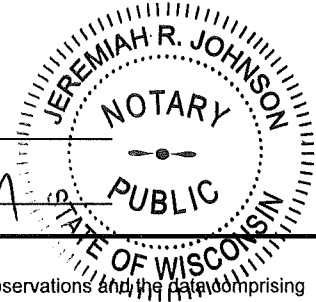
CONTRACTOR:

By: Bud Mack Date: 1/5/26

State of: Wisconsin  
 County of: Brown

Subscribed and sworn to before  
 me this 5th day of Jan-26

Notary Public: Jeremiah R. Johnson  
 My Commission expires: 06/29/26



**CERTIFICATE FOR PAYMENT**

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ----- \$ 110,803.89

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT Signed by:

By: Michael Galley Sr Project Manager Date: 1/7/2026

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

**CONTINUATION SHEET**

ATTACHMENT TO PAY APPLICATION

PROJECT:  
 Fire Rescue Station 70  
 W5662 Manitowac Rd.  
 Harrison, WI

APPLICATION NUMBER: 4  
 APPLICATION DATE: 12/16/25  
 PERIOD TO: 31-Dec-25  
 ARCHITECT'S PROJECT NO: 634501

A Item No.	B Description of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not In D or E)	G		H Balance To Finish (C - G)	I Retainage
			From Previous Application (D + E)	This Period		Total Completed And Stored To Date (D + E + F)	% (G/C)		
1	Submittals	3,000.00	3,000.00			3,000.00	100%		150.00
2	Mobilize	1,495.00						1,495.00	
3	Pipe Fitter Labor	125,000.00	3,000.00	1,000.00		4,000.00	3%	121,000.00	200.00
4	Pipe Fitter Material	121,000.00	15,000.00	2,500.00		17,500.00	14%	103,500.00	875.00
5	HVAC Equipment	185,000.00		10,000.00		10,000.00	5%	175,000.00	500.00
6	Rentals	7,000.00						7,000.00	
7	Bonds	9,850.00	9,850.00			9,850.00	100%		492.50
8	Permits	11,450.00	11,450.00			11,450.00	100%		572.50
9	Controls Subcontractor	117,830.00		19,573.32	78,124.00	97,697.32	83%	20,132.68	4,884.87
10	Balancing Subcontractor	13,675.00						13,675.00	
11	Sheetmetal Sub Labor	89,907.00		1,200.00		1,200.00	1%	88,707.00	60.00
12	Sheetmetal Sub Material	120,933.00		2,600.00		2,600.00	2%	118,333.00	130.00
13	Insulation Subcontractor	53,560.00						53,560.00	
14	Demobilize	1,500.00						1,500.00	
15	Closeouts	1,500.00						1,500.00	
16	Temporary Heat Allowance	200,000.00	10,171.32	1,638.35		11,809.67	6%	188,190.33	590.48
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
SUBTOTALS PAGE 2		1,062,700.00	52,471.32	38,511.67	78,124.00	169,106.99	16%	893,593.01	8,455.35



Dear Policyholder,

Thank you for choosing Federated Insurance to handle your insurance and risk management needs. The attached certificate document(s) have been issued or updated.

Please feel free to contact us with any additional changes, additions or deletions that may be needed by contacting the Federated Client Contact Center at:

E-mail: [clientcontactcenter@fedins.com](mailto:clientcontactcenter@fedins.com)

Phone: 1-888-333-4949

Fax: 507-446-4664

Thank you for your business!

Client Contact Center

Enclosed:  
Certificate Document(s)





AGENCY CUSTOMER ID: \_\_\_\_\_

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

**ADDITIONAL REMARKS SCHEDULE**

AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED J & H CONTROLS INC 490 N ROLLING MEADOWS DR NORTH FOND DU LAC, WI 54937-9784
POLICY NUMBER SEE CERTIFICATE # 142.0		
CARRIER SEE CERTIFICATE # 142.0	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 142.0

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

JOB # SC-25-4793-90141  
 VILLAGE OF HARRISON FIRE RESCUE STATION 70.  
 MARK HAWLEY IS EXCLUDED FROM THE WORKERS COMPENSATION POLICY.  
 SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, ADDITIONAL INSUREDS ALSO INCLUDES THE PROJECT OWNER.  
 THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN CONSTRUCTION AGREEMENT WITH YOU ENDORSEMENT FOR GENERAL LIABILITY.  
 THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED BY CONTRACT ENDORSEMENT FOR BUSINESS AUTO LIABILITY.  
 INSURANCE PROVIDED BY THE GENERAL LIABILITY COVERAGE IS PRIMARY AND NONCONTRIBUTORY OVER OTHER INSURANCE SUBJECT TO THE CONDITIONS OF THE PRIMARY AND NONCONTRIBUTORY CLAUSE- OTHER INSURANCE CONDITION.  
 INSURANCE PROVIDED BY THE BUSINESS AUTO LIABILITY IS PRIMARY AND NONCONTRIBUTORY OVER OTHER INSURANCE SUBJECT TO THE CONDITIONS OF THE PRIMARY AND NONCONTRIBUTORY CLAUSE- OTHER INSURANCE CONDITION.  
 GENERAL LIABILITY COVERAGE CONTAINS CG 25 03 DESIGNATED CONSTRUCTION GENERAL AGGREGATE LIMIT ENDORSEMENT APPLICABLE TO EACH CONSTRUCTION PROJECT AS REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT.  
 COMMERCIAL UMBRELLA FOLLOWS FORM ACCORDING TO THE TERMS, CONDITIONS, AND ENDORSEMENTS FOUND IN THE COMMERCIAL UMBRELLA POLICY.  
 FOR REASONS OTHER THAN NON-PAYMENT OF PREMIUM, 30 DAYS NOTICE WILL BE PROVIDED TO THE CERTIFICATE HOLDER IN THE EVENT THAT THE ISSUING COMPANY CANCELS THE POLICY BEFORE THE EXPIRATION DATE OF THE POLICY.  
 FOR WORKERS COMPENSATION, FOR REASONS OTHER THAN NON-PAYMENT OF PREMIUM, 30 DAYS NOTICE WILL BE PROVIDED TO THE CERTIFICATE HOLDER IN THE EVENT THAT THE ISSUING COMPANY CANCELS THE POLICY BEFORE THE EXPIRATION DATE OF THE POLICY.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY -  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A.** The following is added to the **Other Insurance Condition** in the Business Auto Coverage Form and the **Other Insurance - Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form and supersedes any provision to the contrary:
- This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:
1. Such "insured" is a Named Insured under such other insurance; and
  2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".
- B.** The following is added to the **Other Insurance Condition** in the Auto Dealers Coverage Form and supersedes any provision to the contrary:
- This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:
1. Such "insured" is a Named Insured under such other insurance; and
  2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED BY CONTRACT ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE PART**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A. WHO IS AN INSURED for "bodily injury" and "property damage" liability is amended to include:  
Any person or organization other than a joint venture, for which you have agreed by written contract to procure bodily injury or property damage "auto" liability insurance arising out of operation of a covered "auto" with your permission. However, this additional insurance does not apply to:
- (1) The owner or anyone else from whom you hire or borrow a covered "auto". This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.
  - (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
  - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
  - (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company), or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
  - (5) A partner (if you are a partnership), or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- B. The coverage extended to any additional insured by this endorsement is limited to, and subject to all terms, conditions, and exclusions of the Coverage Part to which this endorsement is attached.
- In addition, coverage shall not exceed the terms and conditions that are required by the terms of the written agreement to add any insured, or to procure insurance.
- C. The limits of insurance applicable to such insurance shall be the lesser of the limits required by the agreement between the parties, or the limits provided by this policy.
- D. Additional exclusions. The insurance afforded to any person or organization as an insured under this endorsement does not apply:
1. To "loss" which occurs prior to the date of your contract with such person or organization;
  2. To "loss" arising out of the sole negligence of any person or organization that would not be an insured except for this endorsement.
  3. To "loss" for any leased or rented "auto" when the lessor or his or her agent takes possession of the leased or rented "auto" or the policy period ends, whichever occurs first.

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY -  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - AUTOMATIC STATUS WHEN  
REQUIRED IN A WRITTEN CONSTRUCTION  
AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**A. Section II - Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

- a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:
- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**Federated Mutual Insurance Company**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DESIGNATED ADDITIONAL INSURED AND PRIMARY  
AND NONCONTRIBUTORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY POLICY

**SCHEDULE**

Name of Person(s) or Organization(s):  
Johnson & Jonet Mechanical Contractors Inc  
1800 Sal St  
Green Bay, WI 54302-2114

- A.** Each person or organization shown in the Schedule is an additional insured for **A. Excess Liability Coverages**, but only to the extent that person or organization qualifies as an additional insured under Paragraph **A.2.** in Section **IV. Who Is An Insured**.
- B.** With respect to any person or organization shown in the Schedule and qualifying as an additional insured as described in **A.** above, paragraph **J. Other Insurance** of Section **VII.** Conditions is deleted and replaced by the following:

**J. Other Insurance**

The coverage provided under this policy is excess over any other insurance or self insurance which covers any part of the injury or damage except insurance written specifically as excess coverage over the limits of this policy.

However, with respect to any person or organization shown in the Schedule and qualifying as an additional insured under Paragraph **A.2.** in Section **IV. Who Is An Insured**, the coverage provided under this policy is primary to and will not seek contribution from any other insurance available to that additional insured provided that:

- (1)** The additional insured is a Named Insured under such other insurance; and
- (2)** You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

All other terms, conditions and exclusions remain unchanged.

**Federated Mutual Insurance Company**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LIMITED AMENDMENT OF CANCELLATION PROVISIONS**

All Coverage Parts included in this policy are subject to the following conditions:

If we cancel this policy, we will mail advance notice to the person(s) or organization(s) as shown in the Schedule.

**SCHEDULE**

**Name and Address of Person(s) Or Organization(s):**

Johnson & Jonet Mechanical Contractors Inc  
1800 Sal St  
Green Bay, WI 54302-2114

**Number of days advance notice for any reason other than non-payment of premium: 30**

**Number of days advanced notice for non-payment of premium: See Common Policy Conditions**

**Insured:** J & H Controls Inc  
490 N Rolling Meadows Dr  
North Fond Du Lac, WI 54937-9784

Includes copyrighted material of Insurance Services Office, Inc., with its permission.





