

## Quotes for Dust Control – 2025

The City of St. Francis will accept quotes for the furnishing and application of materials for dust control until April 9th, 2025. All quotes must be submitted on this document and shall be signed and dated.

The City anticipates the use of approximately 18,500 gallons of chloride solution, City wide. Someone from the City will ride with each applicator truck to facilitate the application. Application widths will be approximately 18 to 20 feet.

The City of St. Francis will require the work to be completed by June 19<sup>th</sup> 2025, weather permitting.

The following identifies the required concentration of materials and application rates:

- For Calcium Chloride: 38% calcium chloride concentration applied.
  - Required application rate of 0.30 gallons per square yard.
- For Magnesium Chloride: 32% magnesium chloride concentration applied.
  - Required application rate of 0.30 gallons per square yard.

A final quantity of material has not been determined. Please provide a unit cost for each of the 2 Tiers associated with the material and the corresponding quantities listed below. Unit costs provided below shall include all costs associated with delivery and application of product as well as any applicable sales tax. City residents occasionally request that chloride solution be applied in front of their properties. **City residents must be able to contact your company for chloride applications while you are completing the work within the City and the same unit prices would apply.**

Please quote the cost of materials furnished and applied:

### ESTIMATED COST:

| ITEM                        | QUANTITY       | UNIT COST     |
|-----------------------------|----------------|---------------|
| Tier I. Calcium Chloride    | 0 – 10,000 gal | <u>\$1.64</u> |
| Tier II. Calcium Chloride   | 10,000 + gal   | <u>\$1.64</u> |
| Tier I. Magnesium Chloride  | 0 – 10,000 gal | <u>N/A</u>    |
| Tier II. Magnesium Chloride | 10,000 + gal   | <u>N/A</u>    |

Name of Company Northern Salt, Inc.  
Address 20920 Forest Road North  
Forest Lake, MN 55025  
Phone Number 651-363-2787

Signature Tammy Kmetz Date April 9th, 2025



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |   |  |
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| <b>PRODUCER</b><br>Carney Insurance Services, Inc<br>944 Lake Street South<br><br>Forest Lake MN 55025 | <b>CONTACT</b><br>NAME: Milan Keichler<br>PHONE (A/C, No, Ext): (651) 464-6001<br>E-MAIL: milan@carneyteam.com<br>ADDRESS:<br><br><b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> WESTFIELD INS CO<br><b>INSURER B:</b> ACUITY A MUT INS CO<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> | <b>FAX (A/C, No):</b><br><br><b>NAIC #</b><br>24112<br>14184 |
|--|---|--|

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

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD                         | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------------------------------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |                                   |          | CWP058477G    | 10/25/2024              | 10/25/2025              | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000 |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> 19 |                                   |          | ZX2003        | 09/30/2024              | 09/30/2025              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |                                   |          | CWP058477G    | 10/25/2024              | 10/25/2025              | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y / N<br><input type="checkbox"/> | N / A    |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | Rented & Leased Equipment  |                                   |          | CWP085477G    | 10/25/2024              | 10/25/2025              | 57,400   |

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

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| <b>CERTIFICATE HOLDER</b><br><br>CITY OF ST FRANCIS<br><br>4058 St Francis Blvd NW<br><br>St Francis MN 55070 | <b>CANCELLATION</b><br><br>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><br>AUTHORIZED REPRESENTATIVE<br><i>Thomas Carney</i> |
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