



OFFICIAL NOTICE & AGENDA
REGULAR MEETING

MEETING: Board of Public Works
DATE/TIME: Tuesday, June 16, 2026, at 10:00 AM
LOCATION: Wausau City Hall — Council Chambers
407 Grant Street, Wausau WI, 54403

MEMBERS:
Eric Lindman Anne Jacobson
Maryanne Groat

1 Consideration of the minutes of the preceding meeting(s).

June 9, 2026 Regular Board of Public Works Minutes.

2 Discussion and possible action.

- a. Open bids and make recommendation for 2026 East Parking Ramp Repairs.
- b. Pay Estimate #28 with Community Infrastructure Partners for replacement of lead service lines.
- c. 2026 Downtown Utility Project: Haas Sons, Inc., Change Order #1.
- d. Amendment 1 to the Contract between City of Wausau, Wisconsin Department of Transportation and MSA Professional Services, Inc. for Project I.D. 6999-18-11, Business Campus Trail E/W Connector 84th Avenue to 72nd Avenue.
- e. Portland Cement Concrete License: Utility Traffic & Restoration, LLC. and B&D Plumbing and Heating, Inc.
- f. Bituminous Concrete Paving License: Utility Traffic & Restoration, LLC.

3 Closed Session.

- a. **Closed Session** pursuant to Wisconsin State Statute §19.85(1)(e) for the purpose of considering and deliberating on pre-qualification statements for the 2026 North 4th Street Lighting Project.

4 Reconvene into Open Session, if necessary, to take action on Closed Session items.

5 Adjournment.

Eric Lindman, PE
Director of Public Works & Utilities

**NOTICE POSTED AT CITY HALL (407 GRANT STREET) AND
TRANSMITTED TO THE OFFICIALLY DESIGNATED NEWSPAPER**

DATE: June 12, 2026
TIME: 11:00 AM
POSTED BY: Lori Wunsch



This meeting can be viewed on
YouTube and Channel 981 on Cable TV

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), the City of Wausau will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities. If you need assistance or reasonable accommodations in participating in this meeting or event due to a disability as defined under the ADA, please call the ADA Coordinator at (715) 261-6622 or ADAServices@wausauwi.gov to discuss your accessibility needs. We ask your request be provided a minimum of 72 hours before the scheduled event or meeting. If a request is made less than 72 hours before the event the City of Wausau will make a good faith effort to accommodate your request.



City of Wausau
(715) 261-6500 | clerk@wausauwi.gov
wausauwi.gov





OFFICIAL MINUTES
REGULAR MEETING

MEETING: Board of Public Works
DATE/TIME: Tuesday, June 9, 2026, at 2:00 PM
LOCATION: Wausau City Hall — Council Chambers
407 Grant Street, Wausau WI, 54403

MEMBERS:
Eric Lindman Anne Jacobson
Maryanne Groat

Members Present: Eric Lindman, Anne Jacobson
Members Not Present:
Members Excused: Season Welle
Present 2, Not Present 0, Excused 1

Noting the presence of a quorum, the Chairperson called the meeting to order at 02:01 PM.

1 Consideration of the minutes of the preceding meeting(s).

06/02/26 Regular Board of Public Works Minutes.

Motion by City Attorney Jacobson, seconded by Public Works Director Lindman, to approve
06/02/26 Regular Board of Public Works Minutes. Motion Passed 2-0.

2 Discussion and possible action.

- a. 2026 Street Construction Project "B" - North 8th Avenue: Switlick & Sons, Inc., Pay Estimate #1.**

The quantities on this pay request and the work have been verified by the project inspector and Nicksich. Motion by Public Works Director Lindman, seconded by City Attorney Jacobson, to approve Pay Estimate #1 in the amount of \$274,438.94. Motion Passed 2-0.

- b. 2026 Asphalt Patching Project: Zilisch Asphalt LLC, Pay Estimate #1.**

The work and quantities have been verified by the project inspector. Motion by Public Works Director Lindman, seconded by City Attorney Jacobson, to approve Pay Estimate #1 in the amount of \$58,832.05. Motion Passed 2-0.

- c. 2025 Water Treatment Plant Demo: The MRD Group, Inc., Pay Estimate #4.**

This has been reviewed by Wesolowski and approval is recommended. Motion by Public Works Director Lindman, seconded by City Attorney Jacobson, to approve Pay Estimate #4 in the amount of \$131,422.40. Motion Passed 2-0.

- d. 2026 Asphalt Paving Project "A": RC Pavers, LLC, Change Order #1.**

Wesolowski explained that this bid came in under budget on both Part I and Part II. Staff asked RC Pavers if they would be willing to increase the quantities for asphalt milling, and we added Sherman Street. RC Pavers kept the unit prices the same, but asked for an extra mobilization of \$2,000 to move the paver to Sherman Street. Part II was for the Park Department for Memorial Park. Since this was also under budget, the Park Department asked if we could add Riverside Park. RC Pavers again held the contract prices for the additional quantities. They have asked for an additional mobilization of \$3,230 since RC will have to bring the pulverizer back in because the Park Department wants this work done later in the

summer. The total change order is for \$92,849.00. This is within budget for both parts and less than a 15% increase. Approval is recommended.

Lindman asked what work would be done in Riverside Park. Wesolowski stated RC Pavers would pulverize and relay the pavement in the parking lot and the driveway to the lot. Motion by Public Works Director Lindman, seconded by City Attorney Jacobson, to approve Change Order #1 in the amount of \$92,849.00. Motion Passed 2-0.

e. 2025 Jefferson Parking Ramp Repairs: Masonry Restoration, Inc., Change Order #1.

This project was bid last year. The decorative tile on the outside of the ramp was removed with the plan to put on a direct-applied cementitious material. When the tile was removed, mortar and uneven joints were found and it was not as simple as direct applying the cementitious material. We want to go with an EIFS system. The beams above, which are outlined in blue on the change order plans, would have the EIFS system and the red areas outlined on the plans would have the direct-applied material. The contractor has asked for an additional \$51,365.00 for the EIFS system. That price was verified by the consultant, Walker, to be fair. Given they have to do additional work to put the EIFS system up, Wesolowski recommends approval of the change order. Motion by City Attorney Jacobson, seconded by Public Works Director Lindman, to approve Change Order #1 in the amount of \$51,365.00. Motion Passed 2-0.

3 Closed Session.

- a. Closed Session** pursuant to Wisconsin State Statute §19.85(1)(e) for the purpose of considering and deliberating on pre-qualification statements for 2026 East Parking Ramp Repairs.
- b. Closed Session** pursuant to Wisconsin State Statute §19.85(1)(g) for the purpose of deliberating on claims.

Motion by Public Works Director Lindman, seconded by City Attorney Jacobson, to convene in closed session. Motion Passed 2-0.

The Board of Public Works convened into Closed Session.

4 Reconvene into Open Session, if necessary, to take action on Closed Session items.

Motion by City Attorney Jacobson, seconded by Public Works Director Lindman, to reconvene into open session. Motion Passed 2-0.

Motion by Public Works Director Lindman, seconded by City Attorney Jacobson, to approve the following bidders for 2026 East Parking Ramp Repairs:

B&B Quality Building Restoration of WI, Fitchburg
Building Restoration Corporation, Roseville, MN
Innovative Masonry Restoration, Prior Lake, MN
Masonry Restoration, Inc., West Allis
Restoration Systems, Inc., Chaska, MN
Western Construction Group, Minneapolis, MN

Motion Passed 2-0.

Motion by City Attorney Jacobson, seconded by Public Works Director Lindman, to approve the claim of Rory and Jen Doberstein in the amount of \$653.11. Motion Passed 2-0.

5 Adjournment.

Motion by Public Works Director Lindman, seconded by City Attorney Jacobson, to Adjourn. Motion carried. Meeting adjourned at 02:13 PM.

The recording of this meeting may be viewed on

YouTube [@CityofWausauMeetings](#)



City of Wausau
(715) 261-6500 | clerk@wausauwi.gov
wausauwi.gov



DRAFT

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin
 Department of Natural Resources
 Bureau of Community Financial Assistance
 PO Box 7921
 Madison WI 53707-7921
 (608) 266-7555 FAX (608) 267-0496
dnr.wi.gov

Request for Disbursement for Lead Service Line Financial Assistance Program

Form 8700-366 (R 07/2024)

Page 1 of 2

Notice: This form is authorized by ss. 281.59, and 281.61, Wis. Stats. Submittal of a completed form to the Department is mandatory for all applicants seeking payments from the Private Lead Service Line Program. Failure to submit a completed form to the Department shall be grounds for denial of payment. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Law [ss. 19.31-19.39, Wis. Stats.]. Completed forms with supporting documentation may be emailed to: dnrcfelddisbursements@wi.gov

1. Municipality City of Wausau, WI	2. Project Number 4930-22, 4930-98	3. Request Number 28	4. Type of Request <input checked="" type="radio"/> Partial <input type="radio"/> Final
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Section 1: Payment Information			
Disbursement worksheet must be completed and invoices must be attached for all costs.	This Claim	<i>For DNR Use Only</i>	
		Adjustments	Claim Amount Paid
Force Account			
Interim Financing			
Preliminary Design/Engineering			
Engineering/Construction Management			
Construction/Equipment	\$578,572.35		
Miscellaneous Costs			
Closing Costs			
Total Requested	\$ 578,572.35		

Section 2: Private Lead Service Line Work Certification

The undersigned official hereby certifies that, for all private lead service line replacement expenditures included in this Request for Disbursement, the following requirements have been met by the Municipality:

- Build America, Buy America and use of American Iron and Steel requirements, as mandated for the U.S. Environmental Protection Agency's State Revolving Fund programs;
- All applicable state regulations, including ch. 145, Wis. Stats., SPS 382 and 384, Wis. Admin. Code;
- All applicable local ordinances and regulations;
- An environmental review has been completed and approved for each disturbance footprint, and activities complied with all applicable construction requirements;
- All lead service line replacements resulted in the **complete** removal of the lead service line and associated materials from the water main to the water meter within the structure.

Section 3: Municipal Certification Statement

I certify that, to the best of my knowledge, the work completed and amounts requested are in accordance with the terms of the Financial Assistance Agreement (FAA) and are eligible project activities and costs that have been incurred and have not been the basis of any previous request. I also certify that I am the municipal official authorized to complete this request and that all necessary approvals by consultants and municipal governing officials have been obtained.

- The Project complies with the Davis-Bacon and Related Acts, as applicable, which require that all laborers and mechanics employed by the contractors, and subcontractors, were paid wages at rates not less than those listed on the prevailing wage rate contained in the contract documents.

Signature of Municipal Official	Date Signed
Title	Telephone Number

DO NOT WRITE BELOW THIS LINE - DNR USE ONLY			
Received Date	DNR Approval and Date	DOA Approval and Date	Project At %
PF Amount to be Released			
Comments			

Request for Disbursement for Lead Service Line Financial Assistance Program

Form 8700-366 (R 07/2024)

Section 4: LSL Replacement Reporting

Material Type:

- 72 Number of Lead Service Line Replacements
- Number of Galvanized Iron/Steel Line Replacements
- Number of Other (Pre-approved by DNR)

If Other Service Lines Replaced, please indicate material type: _____

Property Type:

- 72 Number of Residential Replacements
- Number of School/Daycare Replacements
- Number of Other than Residential/School/Daycare Replacements

Ownership Type:

- 72 Number of Private Service Line Replacements
- 63 Number of Public Service Line Replacements

Please make sure to submit with supporting invoices and worksheet to have a completed disbursement request.

CHANGE ORDER

CITY OF WAUSAU, WISCONSIN



PROJECT:	2026 Downtown Utility Project	CHANGE ORDER NO. 1
CONTRACTOR:	Haas Sons, Inc. 203 East Birch Street Thorp, WI 54771	

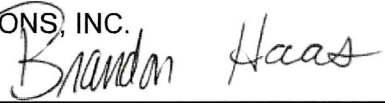
Part II Add Items:

12" 45-degree bends (2 each at \$1,450.00/EA)	\$2,900.00
12" x 12" x 12" Tee (1each at \$1,900.00/EA)	\$1,900.00
12" CL 50 DI Watermain (260 LF at \$122.43/LF)	\$31,831.80
12" Valve and Valve Box (2 each at \$5,864.84/EA)	\$11,729.68
12" MJ Cap (1 each at \$580.00/EA)	\$580.00
18" Sanitary Manhole Core (1 each at \$1,850.00/EA)	\$1,850.00
Total Add Items:	\$50,791.48

Part II Reduction Items:

12" x 12" x 8" Tee (1 each at \$1,588.56/EA)	(\$1,588.56)
8" DI Watermain (300 LF at \$78.43/LF)	(\$23,529.00)
8" Valve and Valve Box (2 each at \$3,471.00/EA)	(\$6,942.00)
12" x 8" Reducer (1 each at \$920.42)	(\$920.42)
8" MJ Cap (1 each at \$378.38/EA)	(\$378.38)
Total Reduction:	(\$33,358.36)

The original contract amount was	\$1,624,389.94
Net change by previously authorized change orders	\$0.00
The contract amount prior to this change order was	\$1,624,389.94
The contract amount will be increased in the amount of	\$17,433.12
The new contract amount including this change order will be	\$1,641,823.06

HAAS SONS, INC.


 Signature
 6/9/2026

 Date

BOARD OF PUBLIC WORKS

 Date _____

Copy to: Contractor
 Project Inspector

AMENDMENT NO. 1 TO THE CONTRACT
 BETWEEN CITY OF WAUSAU (MUNICIPALITY),
 THE WISCONSIN DEPARTMENT OF TRANSPORTATION
 AND MSA PROFESSIONAL SERVICES, INC. (CONSULTANT) FOR

Project I.D. 6999-18-11
 BUSINESS CAMPUS TRAIL E/W CONNECTOR
 84TH AVENUE TO 72ND AVENUE
 NON HWY, MARATHON COUNTY

The contract made and entered into by and between the MUNICIPALITY, DEPARTMENT and CONSULTANT, dated August 31, 2023 is hereby amended as set forth on the following pages.

The primary reason(s) for this amendment:

Redesign of the trail required due to complications in landowner parcel acquisition. This will result in changes to the plans, quantities, cost estimate and permitting. Section 106 will not require additional work as the revisions will occur in the previous Area of Potential Effect (APE). The CEC and DSR will each require a memorandum indicating the changed elements. The utilities will require a re-notification with the revised plans and updated schedule. The completion date will be changed to December 1, 2026 (addition of 6 months). Additional work effort for contract management to process the amendment and due to the time extension is included.

BASIS OF PAYMENT

For trail plans, actual costs to the CONSULTANT up to \$152,942.18 (*increase of \$14,810.10*), plus a fixed fee of \$9,511.33 (*increase of \$985.15*), not to exceed \$162,453.51 (*increase of \$15,795.25*).

For Archaeological and Architecture/history surveys and associated reporting subcontracted to Commonwealth Heritage Group, LLC., the CONSULTANT'S actual cost to Commonwealth Heritage Group, LLC. based on Commonwealth Heritage Group, LLC.'s actual cost up to \$5,961.83 plus fixed fee of \$343.39 not to exceed \$6,305.22 (no change).

For Subsurface Investigations subcontracted to American Engineering Testing, Inc., the CONSULTANT'S actual cost to American Engineering Testing, Inc. not to exceed \$12,040.00 (no change) for units delivered based on rates in the table below.

Item Description	Quantity	Unit Type	Unit Cost Rate	Totals
Initial day drill crew mobilization	1	LS	\$600.00	\$600.00
Subsequent day drill crew mobilization	2	DAY	\$400.00	\$800.00
Geotechnical drilling and sampling in soil, including abandonment (0 to 40 feet)	270	FT	\$22.00	\$5,940.00
Geotechnical drilling and sampling in soil, including abandonment (40 to 60 feet)	0	FT	\$27.00	\$0.00
Tree and brush clearing (two-person crew)	10	HR	\$200.00	\$2,000.00
Project management and preparation of geotechnical report	1	LS	\$1,700.00	\$1,700.00
Laboratory soils review and limited laboratory testing	1	LS	\$1,000.00	\$1,000.00
Estimated Total				\$12,040.00

Compensation for all SERVICES provided by the CONSULTANT under the terms of the CONTRACT shall be for an amount not to exceed \$180,798.73 (increase of \$15,795.25).

The DEPARTMENT REPRESENTATIVE is: Michael Grage, PE; Local Program Project Manager; WisDOT NC Region; 510 Hanson Lake Road, Rhinelander, WI 54501; michael.grage@dot.wi.gov; (715) 365-5705.

The MUNICIPALITY REPRESENTATIVE is: TJ Nicksich, PE; Project Engineer; 407 Grant Street, Wausau, WI 54403; Thomas.Nicksich@ci.wausau.wi.us; (715) 261-6748.

The CONSULTANT REPRESENTATIVE is: Daniel Borchardt, P.E; Team Leader; 146 North Central Avenue, Suite 201, Marshfield, WI 54449; dborchardt@msa-ps.com; (715) 304-0448.

In witness whereof, the parties hereto have caused this amendment to be executed and approved on the date signed by their authorized officers or representatives.

For the CONSULTANT

For the DEPARTMENT

By: _____
Daniel Borchardt, PE
Team Leader

By: _____
Title: _____

Date: _____

Date: _____

For the MUNICIPALITY

By: _____

Title: _____

Date: _____

SCOPE OF SERVICES

This AMENDMENT addresses the revisions and redesign to the approximately 0.38 miles of the trail, including shifting the alignment and profile from the eastern end of the eastmost boardwalk (station 40+00) to the end of the project (station 60+10) to avoid impacts to parcel 2.

The following changes to the original CONTRACT are included with this CONTRACT AMENDMENT #1.

Modify section A. DESIGN REPORTS as follows:

A. DESIGN REPORTS

Add (3) as follows:

- (3) Provide a brief memorandum indicating revisions to the previously approved Design Study Report (DSR).

Modify section B. ENVIRONMENTAL DOCUMENTATION as follows:

B. ENVIRONMENTAL DOCUMENTATION

Add (7) as follows:

- (7) Supplemental memo for the environmental document to reflect the revised trail design using the Re-evaluation and Environmental Impact/Design Refinement Update Memo. Additional Historical and Archaeological Surveys and Studies or wetland delineations are not anticipated as the revisions will occur in the previous Area of Potential Effect (APE).

Modify section C. AGENCY COORDINATION as follows:

C. AGENCY COORDINATION

Add (4) as follows:

- (4) Re-submit updated trail plans and impacts to the WDNR.

Modify section D. RAILROAD/UTILITY INVOLVEMENT as follows:

D. RAILROAD/UTILITY INVOLVEMENTS

Add (5) as follows:

- (5) Prepare and email one project update letter to utilities explaining the revised project and updated let schedule.

Modify section I. Surveys as follows:

I. TRAIL PLANS

Add (13) as follows:

- (13) Redesign the trail will be limited to approximately 0.38 miles, including shifting the alignment and profile from the eastern end of the eastmost boardwalk (station 40+00) to the end of the project (station 60+10) to avoid impacts to parcel 2 and fit the trail within the limits of the City owned property.

L. PROSECUTION AND PROGRESS

Section (3) is removed and replaced with the following:

- (3) The following items of work will be completed and submitted to the MUNICIPALITY by the indicated dates, if CONSULTANT has received the Notice to Proceed of CA #1 by May 29, 2026.

Report Title	Date
Public Involvement	December 2023
30% PS&E	January 2024
Environmental Document	April 2024
Environmental Document Memo	June 2026
Design Study Report	September 2024
Design Study Report Memo	June 2026
Final Trail Plans	October 2025
Revised Final Trail Plans	July 2026
Final P.S. & E.	July 25, 2026
Letting	September 25, 2026

Consultant Weighted Direct Labor Rates

PROJECT ID 6999-18-11, CA #1
Business Campus Trail E/W Connector
84th Avenue to 72nd Avenue
City of Wausau
Marathon County

Classification: PROJECT MANAGER

Employee Number(a)	Current Rate(b)	Percent Contribution(c)	(b*c)
12040	\$83.70	100%	\$83.70
			\$0.00
			\$0.00
			\$0.00
			\$0.00
TOTAL		100%	\$83.70

Classification: OFFICE TECHNICIAN

Employee Number(a)	Current Rate(b)	Percent Contribution(c)	(b*c)
14375	\$39.00	100%	\$39.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
TOTAL		100%	\$39.00

Classification: PROJECT ENGINEER

Employee Number(a)	Current Rate(b)	Percent Contribution(c)	(b*c)
19568	\$61.65	100%	\$61.65
			\$0.00
			\$0.00
			\$0.00
			\$0.00
TOTAL		100%	\$61.65

Classification: ENGINEER

Employee Number(a)	Current Rate(b)	Percent Contribution(c)	(b*c)
20003	\$43.75	100%	\$43.75
			\$0.00
			\$0.00
			\$0.00
			\$0.00
TOTAL		100%	\$43.75

Consultant Individual Direct Labor Rates

**PROJECT ID 6999-18-11, CA #1
 Business Campus Trail E/W Connector
 84th Avenue to 72nd Avenue
 City of Wausau
 Marathon County**

Employee Number (a)	Classification(b)	Current Rate	% Pay Increase #1	Pay Rate #1	Date of Increase #1	% Work at Current Rate	% Work at Increased Rate #1	Weighted Average Hourly Rate
12040	PROJECT MANAGER	\$83.70	2.2%	\$85.54	Jan-27	100%	0%	\$83.70
19568	PROJECT ENGINEER	\$61.65	2.2%	\$63.01	Jan-27	100%	0%	\$61.65
20003	ENGINEER	\$43.75	2.2%	\$44.71	Jan-27	100%	0%	\$43.75
14375	OFFICE TECHNICIAN	\$39.00	2.2%	\$39.86	Jan-27	100%	0%	\$39.00

Contract Completion Date:

12/1/2026

A.S.I. = Average Selected Individuals

**PROJECT ID 6999-18-11, CA #1
 Business Campus Trail E/W Connector
 84th Avenue to 72nd Avenue
 City of Wausau
 Marathon County**

Summary of Staff Hours and Direct Labor Costs
PROJECT TOTAL

		Classification	PROJECT MANAGER		PROJECT ENGINEER		ENGINEER		OFFICE TECHNICIAN			
		Avg. Hourly Wage	\$83.70		\$61.65		\$43.75		\$39.00		Total Direct Labor	
Category	Task	Activity Code	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars
Admin & Coordination	Project Dev-Admin/Coordination	887	3	\$251.10	4	\$246.60		\$0.00		\$0.00	7	\$497.70
Reports	Design-Reports	776		\$0.00	3	\$184.95	2	\$87.50		\$0.00	5	\$272.45
Environmental Impacts	Envir Imp- Environmental Documents	769		\$0.00	3	\$184.95	5	\$218.75		\$0.00	8	\$403.70
Utility, RR & Other Agency	Proj Dev-Utilities/RR/Agency	746		\$0.00	5	\$308.25	7	\$306.25		\$0.00	12	\$614.50
Final Design (post DSR)	Finalize Design Elements	776	1	\$83.70	13	\$801.45	24	\$1,050.00	34	\$1,326.00	72	\$3,261.15
Final Design (post DSR)	PS&E	856		\$0.00	2	\$123.30	6	\$262.50		\$0.00	8	\$385.80
	TOTAL:		4	\$334.80	30	\$1,849.50	44	\$1,925.00	34	\$1,326.00	112	\$5,435.30

Fee Computation Summary by Engineering Task

**PROJECT ID 6999-18-11, CA #1
 Business Campus Trail E/W Connector
 84th Avenue to 72nd Avenue
 City of Wausau
 Marathon County**

PROJECT TOTAL

Task	Activity Code	Direct Labor Costs	Overhead Costs	Fixed Fee	Direct Expenses	Total
Project Dev-Admin/Coordination	887	\$497.70	\$858.43	\$90.21	\$0.00	\$1,446.34
Design-Reports	776	\$272.45	\$469.92	\$49.38	\$0.00	\$791.75
Envir Imp- Environmental Documents	769	\$403.70	\$696.30	\$73.17	\$0.00	\$1,173.17
Proj Dev- Utilities/RR/Agency	746	\$614.50	\$1,059.89	\$111.38	\$0.00	\$1,785.77
Finalize Design Elements	776	\$3,261.15	\$5,624.83	\$591.08	\$0.00	\$9,477.06
PS&E	856	\$385.80	\$665.43	\$69.93	\$0.00	\$1,121.16
TOTAL:		\$5,435.30	\$9,374.80	\$985.15	\$0.00	\$15,795.25

Negotiated Overhead Rate:

172.48%

Percent Profit:

7.25%

Note: Fixed Fee = (Direct x 2.5) x 7.3%

Consultant Contract Total Fee Computation

Project ID	ID 6999-18-11	ID 6999-18-11, CA #1			Total for Contract/ Work Order
Number of Staff Hours	1308	112			1420
Total Direct Labor	\$47,041.00	\$5,435.30			\$52,476.30
Total Overhead Costs	\$86,776.53	\$9,374.80			\$96,151.33
Fixed Fee/Profit	\$8,526.18	\$985.15			\$9,511.33
Direct Expenses	\$4,314.55	\$0.00			\$4,314.55
Subtotal	\$146,658.26	\$15,795.25	\$0.00	\$0.00	\$162,453.51
Subsurface Investigation	\$12,040.00				\$12,040.00
Historical and Archaeological	\$6,305.22				\$6,305.22
					\$0.00
TOTAL COST	\$165,003.48	\$15,795.25	\$0.00	\$0.00	\$180,798.73
Negotiated Overhead Rate:		172.48%	Percent Profit:		7.25%

Schedule of Subcontracts

WORK ELEMENT	NAME OF SUBCONSULTANT	Method of Payment	Subcontract Amount
Geotechnical Investigation	American Engineering Testing	Cost Per Unit	\$12,040.00
Historical and Archaeological	PaleoWest/ Commonwealth Heritage Group	Actual Cost	\$6,305.22
			\$0.00
			\$0.00
			\$18,345.22

**CITY OF WAUSAU
 PORTLAND CEMENT CONCRETE
 LICENSE APPLICATION AND BOND**



The undersigned hereby applies for a license to construct and/or reconstruct Portland cement concrete (includes but is not limited to, sidewalks, drive approaches, curb and gutter, street surface) within public right-of-way in the City of Wausau and hereby agrees if said license is granted, to comply with the rules, regulations and specifications which have been or hereafter may be adopted by the Board of Public Works and also all ordinances of the City of Wausau applicable to Portland cement concrete work.

Name	Utility Traffic & Restoration, LLC
Address	N90W14465 Commerce Dr.
City, State, Zip	Menomonee Falls, WI 53051
Phone No.	262-372-1468
Fax No.	815-923-2356 Contractsupport@intren.com
Date	03/9/26

Submit the following required documents to the City of Wausau Engineering Department, 407 Grant Street, Wausau, WI 54403.

- ◆ Completed Application Form. Contractor's signature is REQUIRED in Part I (on reverse).
- ◆ 3-Year Bond (or \$3,000). **The bond for a license issued in 2026 must have a 2029 expiration date. A three-year (2026-2029) bond OR a continuation certificate extending an existing bond to 2029 can be submitted. The bond company must sign the back of the application form as surety in Part I, and complete and sign Part II–Affidavit, unless a Continuation Certificate is attached.**
- ◆ Current Certificate of Insurance with the following coverage: Liability and Property Damage \$500,000 each person, each occurrence, property damage, \$10,000 for medical expense (any one person); \$1 million excess limit umbrella policy. The City of Wausau must be listed as an additional insured. Ten days advance written notice of cancellation if due to non-payment of premium and thirty days advance written notice of cancellation for all other reasons is required. **An Additional Insured Policy endorsement and an Earlier Notice of Cancellation endorsement must accompany the Certificate of Insurance.**
- ◆ \$90 Application Fee

The Board of Public Works will act on the application when all documents are received. **Board of Public Works approval of the license is required prior to the commencement of any work.**

Date license approved by Board of Public Works _____
 The license will remain in effect one year from the date of approval.

RECEIPT # 102342 LICENSE # 231851 DATE ISSUED _____
 LICENSE CODE SP

PART I – MUST BE SIGNED BY CONTRACTOR. SURETY/BONDING COMPANY REPRESENTATIVE MUST ALSO SIGN UNLESS A CONTINUATION CERTIFICATE IS ATTACHED.

KNOW ALL MEN BY THESE PRESENTS, That we Utility Traffic & Restoration, LLC. as principal, and Travelers Casualty And Surety Company Of America, a corporation duly licensed to transact the surety business in Wisconsin as surety, are held and firmly bound unto the City of Wausau in the penal sum of Three Thousand Dollars (\$3,000.00), to be paid to the said City of Wausau, its successors and assigns, for which payments, well and truly to be made, we bind ourselves, and our heirs, executors and administrators, or successors and assigns, as the case may be, jointly and severally, firmly by these presents.

NOW THE CONDITION OF THIS OBLIGATION IS SUCH that if the said principal be granted a license by the Board of Public Works of the City of Wausau to construct and reconstruct Portland cement concrete in public right-of-way in said City, and if said principal in that case shall **for a period of three years beginning on the first day of the month in which the work is performed**, indemnify and save harmless the City of Wausau and its Board of Public Works from any and all liability, damages, and costs caused by actionable negligence in doing such works, or by reason of failure to perform properly any contract or contracts for any such work done under authority of the said license, and shall also replace any defective work which may be discovered within such three-year period, and shall also comply with the rules, regulations and specifications which have been or hereafter may be adopted by the Board of Public Works, and all ordinances of said City applicable to Portland cement concrete work, then this obligation shall be void, otherwise it shall remain in full force and effect.

Signed, sealed and dated 3/9/26

IN PRESENCE OF

X Kara Congine (SEAL)

CONTRACTOR

X Matthew Tunk
EVA POWER DELIVERY

X _____

BOND COMPANY/SURETY

By X _____
(Attorney-in-Fact)

Countersigned

By _____ (As to Surety)
(Resident Agent)

PART II – AFFIDAVIT (MUST be completed by bond company unless a Continuation Certificate is attached.)

STATE OF _____
COUNTY OF _____

_____, being first duly sworn, on oath deposes and says that he/she is _____ surety on the attached contract number _____
(Attorney-in-Fact or Agent) (Bonding Company)

_____ executed by _____ (contractor). Affiant further deposes and says that no officer, official or employee of the City of Wausau has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of the bond, undertaking or contract of indemnity, guaranty or suretyship in connection with the above-mentioned contract.

Subscribed and sworn to before me this date _____

Notary Public
County _____, State _____
My commission expires _____

Attorney-in-Fact or Agent

Approved as to Form and Execution:
Date _____
_____, City Attorney

APPROVED BY BOARD OF PUBLIC WORKS
Date _____

CHANGE RIDER

To be attached to and form a part of Bond No. 107579160
in the amount of \$3,000.00 issued by Travelers Casualty and Surety Company of America
on behalf of Utility Traffic & Restoration LLC

in favor of City of Wausau

It is understood and agreed that the bond described above is hereby modified so as to

The Expiration Date to:

March 8, 2029

It is further expressly understood and agreed that the aggregate liability of the Travelers Casualty and Surety Company of America under said bond to the obligee herein mentioned shall not exceed the amount stated above.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or limitations of the above-mentioned bond, other than as above stated.

Signed, sealed and dated this 19th day of March, 2026.

Travelers Casualty and Surety Company of America



BY: Jessica Iannotta
Jessica Iannotta Attorney-in-Fact



**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

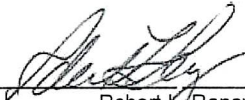
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Jessica Iannotta of Morristown, New Jersey, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, 2021.



State of Connecticut

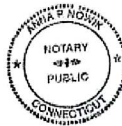
By: 
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April**, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2026




Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 19th day of March, 2026.




Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

CONTINUATION
CERTIFICATE

Travelers Casualty and Surety Company of America

, Surety upon

a certain Bond No. 107579160

dated effective February 10, 2022
(MONTH-DAY-YEAR)

on behalf of Utility Traffic & Restoration LLC
(PRINCIPAL)

and in favor of City of Wausau
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on March 9, 2022
(MONTH-DAY-YEAR)

and ending on March 8, 2029
(MONTH-DAY-YEAR)


Amount of bond \$ 3,000.00

Description of bond License No. 133482 - Portland Cement Concrete

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on _____ March 19, 2026
(MONTH-DAY-YEAR)

Travelers Casualty and Surety Company of America

By  _____
Jessica Iannotta , Attorney-In-Fact





**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Jessica Iannotta of Morristown, New Jersey, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, 2021.



State of Connecticut

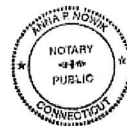
City of Hartford ss.

By:
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2026



Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 19th day of March, 2026.



Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/21/2025

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

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

PRODUCER MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326	CONTACT NAME: Joseph Wagers	
	PHONE (A/C, No, Ext): 1 312 995 0108	FAX (A/C, No):
E-MAIL ADDRESS: Joseph.Wagers@marsh.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
CN102902330-Strnd-GAWUX-25-26 ALVAH 19385	INSURER A : ACE American Insurance Company	22667
INSURED Utility Traffic & Restoration, LLC MasTec, Inc. N90 W14465 Commerce Drive Menomonee Falls, WI 53051	INSURER B : Indemnity Ins Co Of North America	43575
	INSURER C :	
	INSURER D : ACE Property & Casualty Insurance Company	20699
	INSURER E : Westchester Fire Insurance Company	10030
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: ATL-005573202-12 **REVISION NUMBER:** 13

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR - \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	XSLG48926289	09/15/2025	09/15/2026	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	ISA H11350021	09/15/2025	09/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XOOG71557625007	09/15/2025	09/15/2026	EACH OCCURRENCE \$ 5,000,000
A			XSL G48926538 (XS GL) \$5M xs \$5M	09/15/2025	09/15/2026	AGGREGATE \$ 5,000,000
A			XSL G48926757 (XS GL) \$15M xs \$10M	09/15/2025	09/15/2026	\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	WLRC72604817 (AOS)	09/15/2025	09/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
A		N/A	WLRC72604854 (MA)	09/15/2025	09/15/2026	E.L. EACH ACCIDENT \$ 2,000,000
A			SCFC72604891 (WI)	09/15/2025	09/15/2026	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
E	Excess Liability		G71557704007	09/15/2025	09/15/2026	Each Occurrence 20,000,000 Aggregate 20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Wausau is included as additional insured (except workers' compensation) where required by written contract.

CERTIFICATE HOLDER City of Wausau Attn: Engineering Department 407 Grant Street Wausau, WI 54403	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 <i>Marsh USA LLC</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC		NAMED INSURED Utility Traffic & Restoration, LLC MasTec, Inc. N90 W14465 Commerce Drive Menomonee Falls, WI 53051	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

☐
 Excess Workers' Compensation
 Carrier: ACE American Insurance Company
 Policy: WCUC72604933 (AZ, CA, FL, GA, IN, NC, TX)
 Effective: 09/15/2025
 Expiration: 09/15/2026
 Limits:
 E.L. Each Accident: \$2,000,000
 E.L. Disease-Each Employee: \$2,000,000
 E.L. Disease-Policy Limit: \$2,000,000

**ADDITIONAL INSURED –
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured MasTec, Inc.			Endorsement Number 1
Policy Symbol ISA	Policy Number H11350021	Policy Period 09/15/2025 TO 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A.** For a covered "auto," Who is insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
- 1.** You.
 - 2.** Any of your "employees" or agents.
 - 3.** Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B.** The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

Named Insured MasTec, Inc.			Endorsement Number 1
Policy Symbol XSL	Policy Number G48926289	Policy Period 09/15/2025 to 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

EXCESS COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you perform work for such additional insured pursuant to any such written contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance And Retained Limit:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Authorized Representative

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

Named Insured MasTec, Inc.			Endorsement Number 48
Policy Symbol XSL	Policy Number G48926289	Policy Period 09/15/2025 to 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

EXCESS COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing operations or such additional insured pursuant to any such written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. 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

2. 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 And Retained Limit:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Authorized Representative

CHUBB®

NOTICE TO POLICYHOLDERS

NOTICE TO OTHERS – SCHEDULE NOTICE BY INSURED'S REPRESENTATIVE

- A.** If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be *in addition* to our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B.** The notice of cancellation, as provided by your representative, is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C.** We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D.** We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E.** The provisions of this notice do not apply in the event that you cancel the Policy.

Workers' Compensation and Employers' Liability Policy

Named Insured MASTEC, INC. 800 DOUGLAS ROAD PENTHOUSE CORAL GABLES FL 33134	Endorsement Number
	Policy Number Symbol: WLR Number: C72604817
Policy Period 09-15-2025 TO 09-15-2026	Effective Date of Endorsement 09-15-2025
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic or other form of notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the physical and/or e-mail address of such persons or organizations, and we will utilize such e-mail address or physical address that you or your representative provided to us on such Schedule.
- B. The Schedule must be initially provided to us within 15 days after:
 - i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C. This endorsement must be in an electronic format that is acceptable to us; and must be accurate.
- D. Our delivery of the notification as described in Paragraph A. of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E. We will endeavor to send or deliver such notice to the e-mail address or physical address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- G. We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail and physical address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H. We may arrange with your representative to send such notice in the event of any such cancellation.
- I. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE

Named Insured MasTec, Inc.			Endorsement Number 10
Policy Symbol WCU	Policy Number C72604933	Policy Period 09/15/2025 to 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

SPECIFIC EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic or other form of notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with both the physical and e-mail address of such persons or organizations, and we will utilize such e-mail address or physical address that you or your representative provided to us on such Schedule.
- B. The Schedule must be initially provided to us within 15 days after:
 - i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C. This schedule must be in an electronic format that is acceptable to us; and must be accurate.
- D. Our delivery of the notification as described in Paragraph A. of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E. We will endeavor to send or deliver such notice to the e-mail address or physical address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- G. We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail and physical address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H. We may arrange with your representative to send such notice in the event of any such cancellation.

- I. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

Authorized Representative

Workers' Compensation and Employers' Liability Policy


Named Insured MASTEC INC. 800 DOUGLAS ROAD PENTHOUSE CORAL GABLES FL 33134	Endorsement Number
	Policy Number Symbol: WLR Number: C72604854
Policy Period 09-15-2025 TO 09-15-2026	Effective Date of Endorsement 09-15-2025
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**NOTICE TO OTHERS ENDORSEMENT – SCHEDULE
NOTICE BY INSURED'S REPRESENTATIVE**

- A.** If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out in this endorsement, to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be *in addition* to our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B.** The notice referenced in this endorsement as provided by your representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C.** We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D.** We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

This endorsement is not applicable in the states of AZ, FL, ID, ME, NC, NJ, NM, TX and WI.



Authorized Representative

**TEXAS SPECIFIC EXCESS WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
ENDORSEMENT**

Named Insured MasTec, Inc.			Endorsement Number 17
Policy Symbol WCU	Policy Number C72604933	Policy Period 09/15/2025 to 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

EXCESS WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3 of the Information Page.

Excess Insurance Provisions - Our Limit of Indemnity and Your Retention, Paragraph B. Your Retention is amended by adding the following:

The following shall be applied towards reaching the retention amount:

- A. Payments made by you;
- B. Payments due and owing by you;
- C. Payments made on your behalf by any form of security as surety required by the Act or commission rules;
and
- D. Payments made by the Texas Certified Self-Insurer Guaranty Association pursuant to Texas Labor Code 407.121 and 407.127.

Part Six - Conditions, Paragraph D is replaced with the following:

D. Cancellation or Non-renewal

1. You may cancel or non-renew this policy. You must provide written notice to us and to the Director of the Division of Self-Insurance Regulation at least sixty (60) days before termination.
2. We may cancel or non-renew this policy. We must mail or deliver to you not less than sixty days (60) advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 2 of the Information Page will be sufficient to prove notice. We must provide notice to the Director of the Division of Self-Insurance Regulation at least sixty (60) days before termination.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with that law.

Additional Insured

In addition to the party or parties named in the Information Page, the term Insured is amended to include the Texas Certified Self-Insurer Guaranty Association which may assume the rights and responsibilities of the self-insurer under the policy when the self-insurer is declared to be impaired.

Authorized Representative

CITY OF WAUSAU PORTLAND CEMENT CONCRETE LICENSE APPLICATION AND BOND



The undersigned hereby applies for a license to construct and/or reconstruct Portland cement concrete (includes but is not limited to, sidewalks, drive approaches, curb and gutter, street surface) within public right-of-way in the City of Wausau and hereby agrees if said license is granted, to comply with the rules, regulations and specifications which have been or hereafter may be adopted by the Board of Public Works and also all ordinances of the City of Wausau applicable to Portland cement concrete work.

Name Brian Marquardt, B+D Plumbing and Heating Inc.
 Address 144875 County Rd. NN
 City, State, Zip Wausau, WI 54401
 Phone No. 715-848-9339
 Fax No. N/A
 Date 5/4/26

Submit the following required documents to the City of Wausau Engineering Department, 407 Grant Street, Wausau, WI 54403.

- ◆ Completed Application Form. Contractor's signature is REQUIRED in Part I (on reverse).
- ◆ 3-Year Bond (or \$3,000). **The bond for a license issued in 2026 must have a 2029 expiration date. A three-year (2026-2029) bond OR a continuation certificate extending an existing bond to 2029 can be submitted. The bond company must sign the back of the application form as surety in Part I, and complete and sign Part II-Affidavit, unless a Continuation Certificate is attached.**
- ◆ Current Certificate of Insurance with the following coverage: Liability and Property Damage \$500,000 each person, each occurrence, property damage, \$10,000 for medical expense (any one person); \$1 million excess limit umbrella policy. The City of Wausau must be listed as an additional insured. Ten days advance written notice of cancellation if due to non-payment of premium and thirty days advance written notice of cancellation for all other reasons is required. **An Additional Insured Policy endorsement and an Earlier Notice of Cancellation endorsement must accompany the Certificate of Insurance.**
- ◆ \$90 Application Fee

The Board of Public Works will act on the application when all documents are received. **Board of Public Works approval of the license is required prior to the commencement of any work.**

Date license approved by Board of Public Works _____
 The license will remain in effect one year from the date of approval.

RECEIPT # 102465 LICENSE # 232059 DATE ISSUED _____
 LICENSE CODE SP

PART I - MUST BE SIGNED BY CONTRACTOR, SURETY/BONDING COMPANY REPRESENTATIVE MUST ALSO SIGN UNLESS A CONTINUATION CERTIFICATE IS ATTACHED.

KNOW ALL MEN BY THESE PRESENTS, That we B&D Plumbing & Heating Inc as principal, and West Bend Insurance Company, a corporation duly licensed to transact the surety business in Wisconsin as surety, are held and firmly bound unto the City of Wausau in the penal sum of Three Thousand Dollars (\$3,000.00), to be paid to the said City of Wausau, its successors and assigns, for which payments, well and truly to be made, we bind ourselves, and our heirs, executors and administrators, or successors and assigns, as the case may be, jointly and severally, firmly by these presents.

NOW THE CONDITION OF THIS OBLIGATION IS SUCH that if the said principal be granted a license by the Board of Public Works of the City of Wausau to construct and reconstruct Portland cement concrete in public right-of-way in said City, and if said principal in that case shall for a period of three years beginning on the first day of the month in which the work is performed, indemnify and save harmless the City of Wausau and its Board of Public Works from any and all liability, damages, and costs caused by actionable negligence in doing such works, or by reason of failure to perform properly any contract or contracts for any such work done under authority of the said license, and shall also replace any defective work which may be discovered within such three-year period, and shall also comply with the rules, regulations and specifications which have been or hereafter may be adopted by the Board of Public Works, and all ordinances of said City applicable to Portland cement concrete work, then this obligation shall be void, otherwise it shall remain in full force and effect.

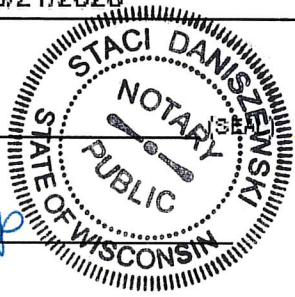
Signed, sealed and dated 06/21/2026

IN PRESENCE OF

X [Signature]

X Jodi Nelson-Claep

Jodi Nelson-Claep



CONTRACTOR

X [Signature]

BOND COMPANY/SURETY

By X Stephanie A. Goling (Attorney-in-Fact)

Countersigned

By [Signature] (Assistant Agent)

PART II - AFFIDAVIT (MUST be completed by bond company unless a Continuation Certificate is attached.)

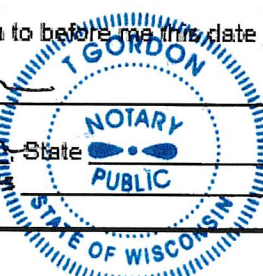
STATE OF Wisconsin
COUNTY OF Marathon

Stephanie A. Goling, being first duly sworn, on oath deposes and says that he/she is Attorney in Fact West Bend Insurance surety on the attached contract number _____

executed by B&D Plumbing & Heating Inc. (contractor). Affiant further deposes and says that no officer, official or employee of the City of Wausau has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of the bond, undertaking or contract of indemnity, guaranty or suretyship in connection with the above-mentioned contract.

Subscribed and sworn to before me this date 6/21/2026

[Signature]
Notary Public
County Marathon State _____
My commission expires 11/5/26



Stephanie A. Goling
(Attorney-in-Fact or Agent)

Approved as to Form and Execution:

Date _____

_____, City Attorney

APPROVED BY BOARD OF PUBLIC WORKS
Date _____



THE SILVER LINING®

48419

Direct Billed

BOND EXECUTION REPORT

Date: 05/05/2026

Bond Number: 2677395

COMPASS INSURANCE SERVICES
1205 CEDAR ROAD
KRONENWETTER, WI 54455

Principal Information:

B&D Plumbing & Heating Inc
144875 County Road NN
Wausau, WI 54401-2305

Billing Address - If blank, see Principal above:

c/o:

Obligee Information:

City of Wausau
Dept of Public Works
407 Grant St
Wausau, WI 54403-4737

WB Index: 2677395

Bond Eff Date: 06/21/2026

Bond Exp Date: 06/21/2029

Bond Type: Portland Cement Concrete License (Annual with 3 year term)

Work Description:

Current Bond Penalty: \$ 3,000.00

Previous Bond Penalty: \$ 3,000.00

Bond Premium: \$ 125.00

Premium Change: \$ 125.00

Effective January 1, 2024, West Bend Mutual Insurance Company changed its name to West Bend Insurance Company, therefore, any reference to West Bend Mutual Insurance Company shall be considered a reference to West Bend Insurance Company.

THIS IS NOT AN INVOICE

MICHIGAN ONLY: This policy is exempt from filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.



Bond No. 2677395

POWER OF ATTORNEY

Know all men by these Presents, that West Bend Insurance Company (formerly known as West Bend Mutual Insurance Company prior to 1/1/2024), a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

Stephanie A Gruling

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: Three Thousand Dollars and Zero Cents 3,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Insurance Company by unanimous consent resolution effective the 1st day of January 2024.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company; and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

Any reference to West Bend Mutual Insurance Company in any Bond and all continuations thereof shall be considered a reference to West Bend Insurance Company.

In witness whereof, West Bend Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 1st day of January 2024.

Attest Christopher C. Zwygart
Christopher C. Zwygart
Secretary



Robert J. Jacques
Robert J. Jacques
President

State of Wisconsin
County of Washington

On the 1st day of January 2024, before me personally came Robert Jacques, to me known being by duly sworn, did depose and say that he is the President of West Bend Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



April Benedek
Lead Corporate Attorney
Notary Public, Washington Co., WI
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 21 day of June, 2024.



Christopher C. Zwygart
Christopher C. Zwygart
Secretary

While a bond(s) is active, a bonded principal is a member of West Bend Mutual Holding Company. Please visit <https://www.thesilverlining.com/annual-meeting> for details regarding the annual membership meeting and your voting rights.



B&DPLUM-02

DBRABENDER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/10/2026

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

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

PRODUCER Hub International Midwest West 55 East Jackson Boulevard Suite 14th Floor Chicago, IL 60604	CONTACT NAME: Dilan Brabender PHONE (A/C, No, Ext): (715) 841-1303 FAX (A/C, No): (715) 907-7102 E-MAIL ADDRESS: dilan.brabender@hubinternational.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : West Bend Insurance Company</td> <td>15350</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 : West Bend Insurance Company	15350	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED B&D Plumbing & Heating Inc 144875 County Road NN Wausau, WI 54401														

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

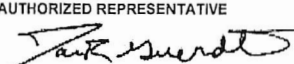
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		B160372	9/3/2025	9/3/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B160372	9/3/2025	9/3/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			B160372	9/3/2025	9/3/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	B160318	9/3/2025	9/3/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equip			B160372	9/3/2025	9/3/2026	285,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Wausau is recognized as an Additional Insured as regards General Liability as per Form #WB1482 07/17. 30 days notice of cancellation applies as per Form #WB213 04/14.

CERTIFICATE HOLDER

CANCELLATION

City of Wausau 407 Grant Street Wausau, WI 54403	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 
--	---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CONTRACTOR'S BLANKET

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. WHO IS AN INSURED (Section II) is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract or written agreement.

The written contract or written agreement must be:

1. Currently in effect or becoming effective during the term of this policy; and
2. Signed by all parties to the written contract or written agreement prior to the "bodily injury," "property damage," "personal injury and advertising injury."

B. The insurance provided to the additional insured is limited as follows:

1. That person or organization is only an additional insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part, by:
 - a. Your premises; or
 - b. Your negligent acts or omissions in connection with "Your work" for that additional insured.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
 - b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the written contract or written agreement to provide such additional insured.
2. The Limits of Insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations for this policy, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations.
 3. Except when required by written contract or written agreement, the coverage provided to the additional insured by this endorsement does not apply to:

a. "Bodily injury" or "property damage" occurring after:

- (1) All work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured at the site of the covered operations has been completed; or
- (2) 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 part of the same project.

b. "Bodily injury" or "property damage" arising out of acts or omissions of the additional insured other than in connection with the general supervision of "your work."

4. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," "personal injury and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional 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; and
- b. Supervisory, or inspection activities performed as part of any related 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION AND/OR NONRENEWAL

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

Notice of Cancellation and/or Nonrenewal to other Person(s) or Organization(s)

SCHEDULE

Name of Person(s) or Organization(s): City of Wausau		
406 Grant St Wausau, WI, 54403-4736		
Notice of Cancellation Other Than Nonpayment	Number of Days Notice	<u>30</u>
Notice of Cancellation Nonpayment of Premium	Number of Days Notice	<u>0</u>
Notice of Nonrenewal	Number of Days Notice	<u> </u>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

As indicated in the Schedule above, we will mail or deliver written Notice of Cancellation for a statutorily permitted reason and/or Notice of Nonrenewal to the person(s) or organization(s) shown.

Unless a specified number of Days Notice is shown above, the Notice of Cancellation and/or Notice of Nonrenewal does not apply.

**CITY OF WAUSAU
BITUMINOUS CONCRETE PAVING
LICENSE APPLICATION AND BOND**



The undersigned hereby applies for a license to construct and/or reconstruct bituminous concrete pavement within public right-of-way in the City of Wausau and hereby agrees if said license is granted, to comply with the rules, regulations and specifications which have been or hereafter may be adopted by the Board of Public Works and also all ordinances of the City of Wausau applicable to bituminous concrete pavement work.

Name	Utility Traffic& Restoration,LLC (UTR)
Address	N90W14465 Commerce Drive
City, State, Zip	Menomonee Falls, WI 53051
Phone No.	262-372-1468
Fax No.	815-923-2356 Contractsupport@intren.com
Date	03/9/26

Submit the following required documents to the City of Wausau Engineering Department, 407 Grant Street, Wausau, WI 54403.

- ◆ Completed Application Form. Contractor's signature is REQUIRED in Part I (on reverse).
- ◆ 3-Year Bond (or \$3,000). **The bond for a license issued in 2026 must have a 2029 expiration date. A three-year (2026-2029) bond OR a continuation certificate extending an existing bond to 2029 can be submitted. The bond company must sign the back of the application form as surety in Part I, and complete and sign Part II-Affidavit, unless a Continuation Certificate is attached.**
- ◆ Current Certificate of Insurance with the following coverage: Liability and Property Damage \$500,000 each person, each occurrence, property damage, \$10,000 for medical expense (any one person); \$1 million excess limit umbrella policy. The City of Wausau must be listed as an additional insured. Ten days advance written notice of cancellation if due to non-payment of premium and thirty days advance written notice of cancellation for all other reasons is required. **An Additional Insured Policy endorsement and an Earlier Notice of Cancellation endorsement must accompany the Certificate of Insurance.**
- ◆ \$60 Application Fee

The Board of Public Works will act on the application when all documents are received. **Board of Public Works approval of the license is required prior to the commencement of any work.**

Date license approved by Board of Public Works _____
The license will remain in effect one year from the date of approval.

RECEIPT # 102342 LICENSE # 231852 DATE ISSUED _____
LICENSE CODE SP

PART I – MUST BE SIGNED BY CONTRACTOR. SURETY/BONDING COMPANY REPRESENTATIVE MUST ALSO SIGN UNLESS A CONTINUATION CERTIFICATE IS ATTACHED.

KNOW ALL MEN BY THESE PRESENTS, That we Utility Traffic & Resoration, LLC as principal, and Travelers Casualty and Surety Company of America, a corporation duly licensed to transact the surety business in Wisconsin as surety, are held and firmly bound unto the City of Wausau in the penal sum of Three Thousand Dollars (\$3,000.00), to be paid to the said City of Wausau, its successors and assigns, for which payments, well and truly to be made, we bind ourselves, and our heirs, executors and administrators, or successors and assigns, as the case may be, jointly and severally, firmly by these presents.

NOW THE CONDITION OF THIS OBLIGATION IS SUCH that if the said principal be granted a license by the Board of Public Works of the City of Wausau to construct and reconstruct bituminous concrete pavement in public right-of-way in said City, and if said principal in that case shall **for a period of three years beginning on the first day of the month in which the work is performed**, indemnify and save harmless the City of Wausau and its Board of Public Works from any and all liability, damages, and costs caused by actionable negligence in doing such works, or by reason of failure to perform properly any contract or contracts for any such work done under authority of the said license, and shall also replace any defective work which may be discovered within such three-year period, and shall also comply with the rules, regulations and specifications which have been or hereafter may be adopted by the Board of Public Works, and all ordinances of said City applicable to Portland cement concrete work, then this obligation shall be void, otherwise it shall remain in full force and effect.

Signed, sealed and dated 03/09/26

IN PRESENCE OF Kara Longine (SEAL)

CONTRACTOR Matthew Turk
EUP Power Delivery

BOND COMPANY/SURETY
By _____
(Attorney-in-Fact)

Countersigned
By _____ (As to Surety)
(Resident Agent)

PART II – AFFIDAVIT (MUST be completed by bond company unless a Continuation Certificate is attached.)

STATE OF _____
COUNTY OF _____

_____, being first duly sworn, on oath deposes and says that he/she is _____ surety on the attached contract number _____
(Attorney-in-Fact or Agent) (Bonding Company)

_____ executed by _____ (contractor). Affiant further deposes and says that no officer, official or employee of the City of Wausau has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of the bond, undertaking or contract of indemnity, guaranty or suretyship in connection with the above-mentioned contract.

Subscribed and sworn to before me this date _____

Notary Public
County _____, State _____
My commission expires _____

Attorney-in-Fact or Agent

Approved as to Form and Execution:
Date _____
_____, City Attorney

APPROVED BY BOARD OF PUBLIC WORKS
Date _____

CHANGE RIDER

To be attached to and form a part of Bond No. 107579161
in the amount of \$3,000.00 issued by Travelers Casualty and Surety Company of America
on behalf of Utility Traffic & Restoration LLC

in favor of City of Wausau

It is understood and agreed that the bond described above is hereby modified so as to

The Expiration Date to:

March 9, 2029


It is further expressly understood and agreed that the aggregate liability of the _____
Travelers Casualty and Surety Company of America under said bond to the obligee
herein mentioned shall not exceed the amount stated above.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or
limitations of the above-mentioned bond, other than as above stated.

Signed, sealed and dated this 19th day of March, 2026.

Travelers Casualty and Surety Company of America



BY: 
Jessica Iannotta Attorney-in-Fact



**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Jessica Iannotta of Morristown, New Jersey, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, 2021.



State of Connecticut

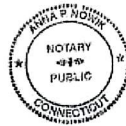
By: 
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April**, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2026




Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 19th day of March, 2026.




Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

CONTINUATION
CERTIFICATE

Travelers Casualty and Surety Company of America

, Surety upon

a certain Bond No. 107579161

dated effective February 10, 2022
(MONTH-DAY-YEAR)

on behalf of Utility Traffic & Restoration LLC
(PRINCIPAL)

and in favor of City of Wausau
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on March 9, 2022
(MONTH-DAY-YEAR)

and ending on March 9, 2029
(MONTH-DAY-YEAR)

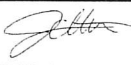
Amount of bond \$ 3,000.00

Description of bond License No. 133479 - Bituminous Concrete Pavement

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on _____ March 19, 2026
(MONTH-DAY-YEAR)

Travelers Casualty and Surety Company of America

By  _____
Jessica Iannotta , Attorney-In-Fact





**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Jessica Iannotta of Morristown, New Jersey, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, 2021.



State of Connecticut

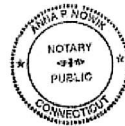
By: 
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April**, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2026




Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 19th day of March, 2026.




Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/21/2025

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

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

PRODUCER MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326	CONTACT NAME: Joseph Wagers	
	PHONE (A/C, No., Ext): 1 312 995 0108	FAX (A/C, No):
E-MAIL ADDRESS: Joseph.Wagers@marsh.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
CN102902330-Snd-GAWUX-25-26 ALVAH 19385	INSURER A : ACE American Insurance Company	22667
INSURED Utility Traffic & Restoration, LLC MasTec, Inc. N90 W14465 Commerce Drive Menomonee Falls, WI 53051	INSURER B : Indemnity Ins Co Of North America	43575
	INSURER C :	
	INSURER D : ACE Property & Casualty Insurance Company	20699
	INSURER E : Westchester Fire Insurance Company	10030
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** ATL-005573202-12 **REVISION NUMBER:** 13

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR - \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		XSLG48926289	09/15/2025	09/15/2026	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y		ISA H11350021	09/15/2025	09/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XOOG71557625007	09/15/2025	09/15/2026	EACH OCCURRENCE \$ 5,000,000
A				XSL G48926538 (XS GL) \$5M xs \$5M	09/15/2025	09/15/2026	AGGREGATE \$ 5,000,000
A				XSL G48926757 (XS GL) \$15M xs \$10M	09/15/2025	09/15/2026	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC72604817 (AOS)	09/15/2025	09/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
A				WLRC72604854 (MA)	09/15/2025	09/15/2026	E.L. EACH ACCIDENT \$ 2,000,000
A				SCFC72604891 (WI)	09/15/2025	09/15/2026	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
E	Excess Liability			G71557704007	09/15/2025	09/15/2026	Each Occurrence 20,000,000 Aggregate 20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Wausau is included as additional insured (except workers' compensation) where required by written contract.

CERTIFICATE HOLDER **CANCELLATION**

City of Wausau Attn: Engineering Department 407 Grant Street Wausau, WI 54403	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 <i>Marsh USA LLC</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Utility Traffic & Restoration, LLC MasTec, Inc. N90 W14465 Commerce Drive Menomonee Falls, WI 53051	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

[]
 Excess Workers' Compensation[]
 Carrier: ACE American Insurance Company[]
 Policy: WCUC72604933 (AZ ,CA, FL, GA, IN, NC, TX)[]
 Effective: 09/15/2025[]
 Expiration: 09/15/2026[]
 Limits:[]
 E.L. Each Accident: \$2,000,000[]
 E.L. Disease-Each Employee: \$2,000,000[]
 E.L. Disease-Policy Limit: \$2,000,000

**ADDITIONAL INSURED –
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured MasTec, Inc.			Endorsement Number 1
Policy Symbol ISA	Policy Number H11350021	Policy Period 09/15/2025 TO 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
 2. Any of your "employees" or agents.
 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

Named Insured MasTec, Inc.			Endorsement Number 1
Policy Symbol XSL	Policy Number G48926289	Policy Period 09/15/2025 to 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

EXCESS COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you perform work for such additional insured pursuant to any such written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance And Retained Limit:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Authorized Representative

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

Named Insured MasTec, Inc.		Endorsement Number 48
Policy Symbol XSL	Policy Number G48926289	Policy Period 09/15/2025 to 09/15/2026
Issued By (Name of Insurance Company) ACE American Insurance Company		Effective Date of Endorsement

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

EXCESS COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing operations or such additional insured pursuant to any such written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. 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

2. 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 And Retained Limit:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Authorized Representative

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NOTICE TO POLICYHOLDERS

NOTICE TO OTHERS – SCHEDULE NOTICE BY INSURED'S REPRESENTATIVE

- A.** If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be *in addition to* our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B.** The notice of cancellation, as provided by your representative, is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C.** We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D.** We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E.** The provisions of this notice do not apply in the event that you cancel the Policy.

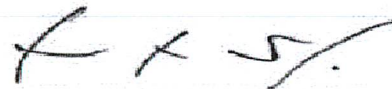
Workers' Compensation and Employers' Liability Policy

Named Insured MASTEC, INC. 800 DOUGLAS ROAD PENTHOUSE CORAL GABLES FL 33134	Endorsement Number
	Policy Number Symbol: WLR Number: C72604817
Policy Period 09-15-2025 TO 09-15-2026	Effective Date of Endorsement 09-15-2025
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE

- A.** If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic or other form of notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the physical and/or e-mail address of such persons or organizations, and we will utilize such e-mail address or physical address that you or your representative provided to us on such Schedule.
- B.** The Schedule must be initially provided to us within 15 days after:
 - i.** The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii.** This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C.** This endorsement must be in an electronic format that is acceptable to us; and must be accurate.
- D.** Our delivery of the notification as described in Paragraph A. of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E.** We will endeavor to send or deliver such notice to the e-mail address or physical address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F.** The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- G.** We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail and physical address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H.** We may arrange with your representative to send such notice in the event of any such cancellation.
- I.** You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.



NOTICE TO OTHERS ENDORSEMENT – SCHEDULE

Named Insured MasTec, Inc.			Endorsement Number 10
Policy Symbol WCU	Policy Number C72604933	Policy Period 09/15/2025 to 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

SPECIFIC EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic or other form of notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with both the physical and e-mail address of such persons or organizations, and we will utilize such e-mail address or physical address that you or your representative provided to us on such Schedule.
- B. The Schedule must be initially provided to us within 15 days after:
 - i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C. This schedule must be in an electronic format that is acceptable to us; and must be accurate.
- D. Our delivery of the notification as described in Paragraph A. of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E. We will endeavor to send or deliver such notice to the e-mail address or physical address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- G. We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail and physical address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H. We may arrange with your representative to send such notice in the event of any such cancellation.

- I. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

Authorized Representative

Workers' Compensation and Employers' Liability Policy

Named Insured MASTEC INC. 800 DOUGLAS ROAD PENTHOUSE CORAL GABLES FL 33134	Endorsement Number
	Policy Number Symbol: WLR Number: C72604854
Policy Period 09-15-2025 TO 09-15-2026	Effective Date of Endorsement 09-15-2025
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**NOTICE TO OTHERS ENDORSEMENT – SCHEDULE
NOTICE BY INSURED'S REPRESENTATIVE**

- A.** If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out in this endorsement, to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be *in addition* to our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B.** The notice referenced in this endorsement as provided by your representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C.** We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D.** We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

This endorsement is not applicable in the states of AZ, FL, ID, ME, NC, NJ, NM, TX and WI.



Authorized Representative

**TEXAS SPECIFIC EXCESS WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
ENDORSEMENT**

Named Insured MasTec, Inc.			Endorsement Number 17
Policy Symbol WCU	Policy Number C72604933	Policy Period 09/15/2025 to 09/15/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

EXCESS WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3 of the Information Page.

Excess Insurance Provisions - Our Limit of Indemnity and Your Retention, Paragraph B. Your Retention is amended by adding the following:

The following shall be applied towards reaching the retention amount:

- A. Payments made by you;
- B. Payments due and owing by you;
- C. Payments made on your behalf by any form of security as surety required by the Act or commission rules; and
- D. Payments made by the Texas Certified Self-Insurer Guaranty Association pursuant to Texas Labor Code 407.121 and 407.127.

Part Six - Conditions, Paragraph D is replaced with the following:

D. Cancellation or Non-renewal

1. You may cancel or non-renew this policy. You must provide written notice to us and to the Director of the Division of Self-Insurance Regulation at least sixty (60) days before termination.
2. We may cancel or non-renew this policy. We must mail or deliver to you not less than sixty days (60) advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 2 of the Information Page will be sufficient to prove notice. We must provide notice to the Director of the Division of Self-Insurance Regulation at least sixty (60) days before termination.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with that law.

Additional Insured

In addition to the party or parties named in the Information Page, the term insured is amended to include the Texas Certified Self-Insurer Guaranty Association which may assume the rights and responsibilities of the self-insurer under the policy when the self-insurer is declared to be impaired.

Authorized Representative

2026 N. 4th Street Lighting Project

Quest eBidDoc™ Number: 10225060

Closing Date: Tue, 06/23/2026 10:30 AM CDT **Posting Type:** Construction Project **Owner Name:** Wausau WI, City of **Solicitor Name:** Wausau WI, City of
Contact: Allen Wesolowski **Phone:** 715-261-6762 **Email:** allen.wesolowski@wausauwi.gov

<u>Approved</u>	<u>Company Name & Address</u>	<u>Contact Name/Email Address</u>	<u>Phone/Fax</u>	<u>Bus. Cert</u>	<u>Bus. Desig</u>	<u>Entry Date</u>	<u>Doc Type</u>	<u>Comments</u>	<u>Notes</u>
No	ConstructCo nnect 3825 Edwards Rd, Cincinnati, OH-45209	Eric Mills content@constructconnect.com	800-364-2 059 866-570- 8187		Plan Room	06/04/2026	eBidDoc		
No	Midwest Bul ders Exchang e 3800 American Blvd W, Ste #780, Bloomington, MN-55431	David Siegel addenda@mbex.org	612-381-2 625		Plan Room	06/10/2026	eBidDoc		
No	Van Ert Electri c 2000 Progress Way, Kaukauna, WI-54130	Tim Beyer estimating@vanert.com <i>emailed 6/11</i>	920-766-3 888		Subcontractor	06/11/2026	eBidDoc		