

TO (OWNER):  
City of Lexington, Nebraska  
406 East 7th Street  
Lexington, Nebraska 68850

PROJECT:  
Lexington Opportunity Center  
Lexington, Nebraska

APPLICATION NO: 4  
PERIOD FROM: 12-08-09  
TO: 01-04-10

Distribution to:  
OWNER  
ARCHITECT  
CONTRACTOR  
470397153

ATTENTION:  
Joe Peplitsch

CONTRACT FOR:  
General Construction

ARCHITECT'S  
PROJECT NO. 4682-02  
CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	<u>\$890,600.00</u>
2. Net change by change orders	<u>\$0.00</u>
3. CONTRACT SUM TO DATE (Line 1 + 2)	<u>\$890,600.00</u>
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	<u>\$550,395.00</u>
5. RETAINAGE	
a. 10% of the Completed Work (Column D + E on G703)	<u>\$47,301.50</u>
b. 10% of Stored Material (Column F on G703)	<u>\$7,738.00</u>
Total Retainage (Line 5a + 5b or Total in Column I of G703)	<u>\$55,039.50</u>
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	<u>\$495,355.50</u>
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	<u>\$353,349.00</u>
8. CURRENT PAYMENT DUE	<b><u>\$142,006.50</u></b>
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	<u>\$395,244.50</u>

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	\$0.00

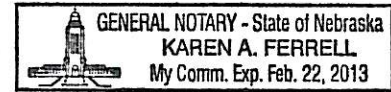
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates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

CONTRACTOR: PAULSEN, INC.

By: [Signature] Date: 1/4/10

State of: Nebraska  
County of: Dawson  
Subscribed and sworn to before me this 4th day of January

Notary Public: Karen A. Ferrell  
My Commission Expires: 2-22-2013



ARCHITECT'S CERTIFICATE FOR PAYMENT

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

AMOUNT CERTIFIED \$ 142,006.50

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

ARCHITECT: Beringer Giaccio Dannel Mabrey  
By: [Signature] Date: 1.18.2010

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

DOCUMENT G702, APPLICATION AND CERTIFICATE FOR PAYMENT, including Contractor's signed Certification, is attached. Applications below, amounts are stated to the nearest dollar. Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 4  
 APPLICATION DATE: 01-04-10  
 PERIOD FROM: 12-08-09  
 TO: 01-04-10  
 ARCHITECT'S PROJECT NO: 4682-02

B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
		FROM PREVIOUS APPLICATIONS (D + E)				TOTAL COMPLETED AND STORED TO DATE (D +E+ F)	% (G / C)		
<b>GENERAL REQUIREMENTS</b>									
General Conditions	35,210.00	15,460.00		6,120.00		21,580.00	61.29%	13,630.00	
Temporary Facilities	1,860.00	810.00		325.00		1,135.00	61.02%	725.00	
Mobilization	4,120.00	4,120.00				4,120.00	100.00%	0.00	
Performance Bond	6,200.00	6,200.00				6,200.00	100.00%	0.00	
De-Mobilization	1,820.00					0.00	0.00%	1,820.00	
Project Closeout	850.00					0.00	0.00%	850.00	
<b>SITWORK</b>									
Demolition	38,650.00	38,650.00				38,650.00	100.00%	0.00	
Footing Excavation & Backfill	350.00	200.00				200.00	57.14%	150.00	
Concrete Sidewalks	3,300.00	2,600.00				2,600.00	78.79%	700.00	
Concrete Stoops	1,860.00	700.00				700.00	37.63%	1,160.00	
Storm Drain	2,300.00	1,420.00				1,420.00	61.74%	880.00	
<b>CONCRETE</b>									
Concrete Slab Replacement	7,120.00	7,120.00				7,120.00	100.00%	0.00	
<b>MASONRY</b>									
Masonry	9,120.00	9,120.00				9,120.00	100.00%	0.00	
<b>STEEL</b>									
Structural & Misc Steel	10,200.00	10,200.00				10,200.00	100.00%	0.00	
<b>CARPENTRY</b>									
Rough Carpentry	2,200.00	1,730.00		250.00		1,980.00	90.00%	220.00	
Casework and Countertops	7,860.00					0.00	0.00%	7,860.00	
<b>THERMAL &amp; MOISTURE PROTECTION</b>									
Building Insulation	2,310.00	1,250.00		1,060.00		2,310.00	100.00%	0.00	
Roofing	2,400.00					0.00	0.00%	2,400.00	
Joint Sealants	3,500.00					0.00	0.00%	3,500.00	
Tuckpointing/Control Joints	13,450.00	12,050.00				12,050.00	89.59%	1,400.00	
<b>TOTAL OR SUBTOTAL</b>	<b>154,680.00</b>	<b>111,630.00</b>		<b>7,755.00</b>	<b>0.00</b>	<b>119,385.00</b>	<b>77.18%</b>	<b>35,295.00</b>	

AIA DOCUMENT G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification, is attached. In tabulations below, amounts are stated to the nearest dollar. Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 4  
 APPLICATION DATE: 01-04-10  
 PERIOD FROM: 12-08-09  
 TO: 01-04-10  
 ARCHITECT'S PROJECT NO: 4682-02

A ITEM No.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D +E+ F)		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			D FROM PREVIOUS APPLICATIONS (D + E)	E THIS PERIOD		% (G/C)	% (G/C)		
8	DOORS AND WINDOWS								
	Hollow Metal & Hardware	29,560.00	21,560.00	5,420.00		26,980.00	91.27%	2,580.00	
	Wood Doors	9,200.00			7,240.00	7,240.00	78.70%	1,960.00	
	Access Doors	250.00		200.00		200.00	80.00%	50.00	
	Overhead Coling Doors	4,200.00				0.00	0.00%	4,200.00	
	Aluminum Entrances/Glass	31,200.00		27,620.00		27,620.00	88.53%	3,580.00	
9	FINISHES								
	Metal Studs and Drywall	130,230.00	104,090.00	12,480.00		116,570.00	89.51%	13,660.00	
	Acoustical Ceilings	21,530.00			11,860.00	11,860.00	55.09%	9,670.00	
	Tile	24,860.00				0.00	0.00%	24,860.00	
	Floor Covering	43,200.00			31,420.00	31,420.00	72.73%	11,780.00	
	Painting	67,530.00	3,580.00		14,300.00	17,880.00	26.48%	49,650.00	
10	SPECIALITIES								
	Toilet Compartments	6,230.00				0.00	0.00%	6,230.00	
	FE Cabinets	450.00				0.00	0.00%	450.00	
	Speciality Signs	1,840.00				0.00	0.00%	1,840.00	
	Toilet Accessories	2,210.00				0.00	0.00%	2,210.00	
12	FURNISHINGS								
	Horizontal Blinds	1,420.00				0.00	0.00%	1,420.00	
15	MECHANICAL								
	Plumbing	85,600.00	21,820.00	18,530.00		40,350.00	47.14%	45,250.00	
	HVAC	165,200.00	59,990.00	18,560.00	12,560.00	91,110.00	55.15%	74,090.00	
	Fire Sprinkler	29,200.00	16,540.00	0.00		16,540.00	56.64%	12,660.00	
16	ELECTRICAL								
	Electrical	82,010.00	30,680.00	12,560.00		43,240.00	52.73%	38,770.00	
	TOTAL OR SUBTOTAL	890,600.00	369,890.00	103,125.00	77,380.00	550,395.00	61.80%	340,205.00	



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MN  
AMAXC-1

DATE (MM/DD/YYYY)  
12/29/09

<b>PRODUCER</b> Ellerbrock-Norris (Kearney) Ellerbrock-Norris Insurance 4009 6th Avenue, Suite 32 Kearney NE 68845 Phone: 308-698-0114 Fax: 308-698-0118		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> AMAX Co AMAX Contracting, Inc. AMAX Building Company LLC. 3509 Antelope Avenue Kearney NE 68847		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Indiana Insurance</b>	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR POLICY LTR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CCP8254569	03/25/09	03/25/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MSD EMP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA8252969	03/25/09	03/25/10	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	CUB253869	03/25/09	03/25/10	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	WC8254869	03/25/09	03/25/10	<input checked="" type="checkbox"/> W/ STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER Equipment Floater	CCP8254569	03/25/09	03/25/10	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Project: City of Lexington - Lexington Opportunity Center  
 Materials stored at Amax Contracting warehouse 3509 Antelope Ave. in the amount of \$11,400.

**CERTIFICATE HOLDER**

PAULINC

Paulsen, Inc  
 P. O. Box 17  
 Cozad NE 69130

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Let M. Beale*

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/28/2009

PRODUCER Phone: 402-333-5700 Fax: 402-333-0633  
INSPRO, Inc.  
10050 Regency Cir, Ste 101  
Omaha NE 68114

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURED  
Midwest Floor Covering, Inc.  
3725 Touzalin Ave.  
Lincoln NE 68504-1745

INSURERA: Travelers Insurance Company

INSURERB:

INSURERC:

INSURERD:


INSURERE:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6808038L241	12/15/2009	12/15/2010	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA8368L87A	12/15/2009	12/15/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 5000	CUP8376Y250	12/15/2009	12/15/2010	EACH OCCURRENCE	\$ 5000000
						AGGREGATE	\$ 5000000
							\$
							\$
							\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB8370L471	12/15/2009	12/15/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 500000
						E.L. DISEASE - EA EMPLOYEE	\$ 500000
						E.L. DISEASE - POLICY LIMIT	\$ 500000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Re: Any and All Projects "Materials for project stored at insureds location"  
 A blanket additional insured endorsement is included for general liability, and auto liability. The additional insured endorsement includes coverage on a Primary and Non-Contributory Basis and for On-Going and Completed Operations, where required by contract. Waivers of Subrogation are included for General Liability, Auto and Workers Compensation where required by contract.

<p><b>CERTIFICATE HOLDER</b></p> <p>Paulsen, Inc Project: Lexington Opportunity Center 1116 East Hwy 30 Cozad NE 69130</p>	<p><b>CANCELLATION 30</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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