



Beringer Ciaccio
Dennell Mabrey

DATE: 12 July 2010
TO: Mr. Joe Peplitsch
FROM: Trevor Huffaker
RE: Lexington Opportunity Center – Phase 2
BCDM Project No. 4682-04

Enclosed please find the Contractor's "Application and Certificate For Payment", Application No. 2 in the amount of \$97,371.00 for the referenced project.

This Application has been reviewed, and we would recommend payment. If the Application meets with your approval, please make payment directly to Simon Contractors. Retain the Application for your files.

TJH/
Enclosure

A handwritten signature in blue ink, appearing to read "Trevor Huffaker", is written over a horizontal line.

c: Mark Kinney, Simon Contractors
File 4682-04_3.1

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702 (COMPUTER GENERATED)

PAGE 1 OF 2

TO OWNER:
CITY OF LEXINGTON
406 EAST 7th STREET
LEXINGTON, NE 68850

FROM: SIMON CONTRACTORS
P.O. BOX 130
NORTH PLATTE, NE 69103

PROJECT: LEXINGTON OPPORTUNITY CENTER
PHASE TWO
1501 PLUM CREEK PARKWAY
LEXINGTON, NE

APPLICATION NO: Two (2)
PERIOD TO: 6/30/2010
PROJECT NO: 4682-04
JOB NO: 0NB140
CONTRACT DATE: 4/28/2010

Distribution to:
 OWNER
 ENGINEER
 CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner	TOTAL		
Approved this Month			
Number	Date Approved		
	TOTALS	0.00	0.00
Net change by Change Orders			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 for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: SIMON CONTRACTORS

By: *Mark Kinney* Date: 6/29/10

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Engineer certifies to the Owner that to the best of the Engineer'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.

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

1. ORIGINAL CONTRACT SUM.....\$	999,300.00
2. Net change by Change Orders.....\$	0.00
3. CONTRACT SUM TO DATE (Line 1 +2).....\$	999,300.00
4. TOTAL COMPLETED & STORED TO DATE.....\$	116,890.00
5. RETAINAGE:	
a. 10% of Completed Work \$	3,702.00
b. 10% of Stored Material \$	7,987.00
Total Retainage \$	11,689.00
6. TOTAL EARNED LESS RETAINAGE.....\$	105,201.00
(Line 4 less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate).....\$	7,830.00
8. CURRENT PAYMENT DUE.....\$	97,371.00
9. BALANCE TO FINISH, PLUS RETAINAGE.....\$	894,099.00
(Line 3 less Line 6)	

State of: Nebraska County of: Lincoln
Subscribed and sworn to before me this 29th day of June, 2010
Notary Public:
My Commission expires: *Linda Thompson*



AMOUNT CERTIFIED.....\$
(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:

By: *[Signature]*

Date: 7-12-2010

OWNER:

By: _____

Date: _____

CONTINUATION SHEET

COMPUTER GENERATED

PAGE 2 OF 2 PAGES

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 : Two (2)
 APPLICATION DATE: 6/30/2010
 PERIOD TO: 6/30/2010
 ARCHITECT'S PROJECT NO.: 4682-04

A ITEM No.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE 10%
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)		
1	JOB PREP (BOND, INSURANCE)	9,660	8,700			8,700	90.1%	960	870
2	DEMOLITION,	37,860		17,300		17,300	45.7%	20,560	1,730
3	MASONRY	2,640				0	0.0%	2,640	0
4	METALS	1,310				0	0.0%	1,310	0
5	WOODS & PLASTICS	35,200				0	0.0%	35,200	0
6	MOISTURE PROTECTION	7,360				0	0.0%	7,360	0
7	ALUMINUM & GLAZING	35,980				0	0.0%	35,980	0
8	HM, DOORS, HDWR	35,740			6,970	6,970	19.5%	28,770	697
9	DRYWALL, INSULATION	141,840		7,560	48,340	55,900	39.4%	85,940	5,590
10	ACOUSTICAL CEILING	20,830				0	0.0%	20,830	0
11	CERAMIC TILE	21,380				0	0.0%	21,380	0
12	CARPET, VCT, VINYL BASE	55,780				0	0.0%	55,780	0
13	PAINT	21,720				0	0.0%	21,720	0
14	SPECIALTIES	11,240				0	0.0%	11,240	0
15	FIRE SPRINKLER	18,680				0	0.0%	18,680	0
16	MECHANICAL CONTROLS	33,440				0	0.0%	33,440	0
17	TESTING & BALANCING	7,700				0	0.0%	7,700	0
18	PIPING	121,370		1,170	15,700	16,870	13.9%	104,500	1,687
19	DUCTWORK	245,890		280		280	0.1%	245,610	28
20	ELECTRIC FIXTURES	37,080				0	0.0%	37,080	0
21	ELECTRIC DEVICES	63,450		2,010	4,130	6,140	9.7%	57,310	614
22	ELECTRIC PANELS	33,150			4,730	4,730	14.3%	28,420	473
	TOTAL	999,300	8,700	28,320	79,870	116,890	11.70%	882,410	11,689

BERINGER CIACCIO DENNELL MABREY
100 Court Ave, Suite 204
Des Moines, IA 50324

SUPPLEMENTAL OFF-SITE STORAGE AGREEMENT

PROJECT: Lexington Opportunity Center – Phase 2

DATE: 6-29-10

The Undersigned understands and agrees that a portion of the payment made under Application and Certificate for Payment No. 2, to SIMON CONTRACTORS (Contractor) for their work on LEXINGTON OPPORTUNITY CENTER PHASE II (Project) under Contract dated 4/28/10 represents payment for materials procured and to be furnished and installed under the terms of the contract and which are to be stored off the building site by contractor or sub-contractor until used in such construction work, such payment being made in advance of, rather than following, delivery of such materials to the building site as required by said construction contract, and under the following conditions:

1. Materials being paid for hereunder are to be plainly tagged or marked as Property of LEXINGTON OPPORTUNITY CENTER PHASE II (Project Owner).
2. Such materials shall be separately located and stored at jobsite and MIDWEST DOOR & HDWR 5001 RUSSEL CIRCLE, LINCOLN NE (off-site location) and segregated in said place of storage, clearly marked the materials in this space as property of LEXINGTON OPPORTUNITY CENTER PHASE II (Project Owner).
3. Such materials shall be kept free from any liens or encumbrances by contractor or sub-contractor and shall be kept adequately insured against loss to LEXINGTON OPPORTUNITY CENTER (Project Owner) by theft, fire or other casualty at the expense of the contractor or sub-contractor. Proof of Insurance is attached.
4. Such materials shall be stored as herein provided and moved to the building site as needed in the construction work without expense to LEXINGTON OPPORTUNITY CENTER PHASE II(Project Owner).
5. Material paid for and stored as herein provided are as follows:

(1) LOT OF FINISH HARDWARE-\$790

Signed:

SIMON CONTRACTORS-MARK KINNEY
Contractor
Mark Kinney
Authorized Signature

Owner

Authorized Signature

Bonding Company for Contractor

Authorized Signature

Beringer Ciaccio Dennell Mabrey, Inc.
Architect
[Signature]
Authorized Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2010

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 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 UNICO Group, Inc. 4435 O Street Lincoln, NE 68510	CONTACT NAME:		
	PHONE (A/C, No, Ext): 402-434-7200	FAX (A/C, No): 402-434-7272	
E-MAIL ADDRESS:			
PRODUCER CUSTOMER ID #: 2415			
INSURED Midwest Door & Hardware Incorporated 5001 Russell Circle Lincoln NE 68507	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Allied (Nationwide)		00035
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 7579746

REVISION NUMBER:

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


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC			ACP 7232590493	6/23/2010	6/23/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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			ACP 7232590493	6/23/2010	6/23/2011	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 <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			ACP 7232590493	6/23/2010	6/23/2011	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 DESCRIPTION OF OPERATIONS below	Y/N	N/A	ACP WC 7232590493	6/23/2010	6/23/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Personal Property of Others; Including Stored Materials			ACP 7232590493	6/23/2010	6/23/2011	Limit: \$1,089,700 Deductible: \$1,000

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

Project: Lexington Opportunity Ctr Phase 2, 1501 Plum Creek Parkway, Lexington, NE 68850 Contract Amount: \$23,934.00.

CERTIFICATE HOLDER

CANCELLATION

Simon Contractors 800 Lake Drive North Platte NE 69101	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  (LIN) Chad Ideus

ACORD 25 (2009/09)

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