



| 1 | AGREEMENT made this day of, 20, by and   |
|---|--|
| K | ANS SO Knish Corporation , a   |
|   | Corporation organized and existing under the laws of the State of _Minnesota                             |
|   |  |
|   | an individual trading as   |
|   | (Strike out the two terms not applicable)  |
|   | hereinafter called the "Contractor" and the City of Jonesboro, Arkansas, hereinafter called the "Owner". |
|   | WITNESSETH:  |
|   |  |

That the Contractor and the Owner for the consideration stated herein mutually agree as follows:

ARTICLE 1. Statement of Work. The Contractor shall furnish all supervision, technical personnel, labor, materials, machinery, tools, equipment, incidentals and services, including utility and transportation services and perform and complete all work required for the construction of the DOWNTOWN SIDEWALK IMPROVEMENTS, AHTD JOB NO. 100557, in strict accordance with the Contract Documents, including all Addenda thereto

| Addendum No. 1 | dated | September 5, 2003_ |
|----------------|-------|--------------------|
|                | dated |                    |
|                | dated |                    |

as prepared by the Engineer.

ARTICLE 2. The Contract Price. The Owner will pay the Contractor, because of his performance of the Contract, for the total quantities of work performed at the lump sum and unit prices stipulated in the Proposal, subject to additions and deductions as provided in the Section entitled "CHANGES IN THE WORK" under the GENERAL CONDITIONS.

ARTICLE 3. Contract Time. The Contractor agrees to begin work within ten (10) calendar days after issuance by the Owner of a "Work Order" or "Notice to Proceed" and to complete the work within 180 working days thereafter (except as modified in the GENERAL CONDITIONS of these Contract Documents). If the Contractor shall fail to complete the work

within the time specified, he and his Surety shall be liable for payment to the Owner, as liquidated damages ascertained and agreed, and not in the nature of a penalty, the amount specified in the SPECIAL CONDITIONS of these Contract Documents for each day of delay. To the extent sufficient in amount, liquidated damages shall be deducted from the payments to be made under this Contract.

ARTICLE 4. Contract. The executed Contract Documents shall consist of the following:

- a. This Agreement (Contract)
- b. Addenda
- c. Advertisement for Bids
- d. Instructions to Bidders
- e. Proposal

- f. General Conditions
- g. Supplemental General Conditions
- h. Special Conditions
- i. Technical Specifications including Special Provisions
- j. Drawings (Plans)
- k. Performance-Payment Bond

This Contract, together with other Documents enumerated in this Article 4, which said other Documents are as fully a part of the Contract as if hereto attached or herein repeated, form the Contract between the parties hereto. In the event that any provisions in any component part of this Contract conflicts with any provision of any other component part, the conflict shall be resolved by the Engineer whose decision shall be final.

ARTICLE 5. Surety. The Surety on the Performance-Payment Bond shall be a surety company of financial resources satisfactory to the Owner, authorized to do business in the State of Arkansas, and shall comply with applicable Arkansas laws.

IN WITNESS WHEREOF, the parties hereto have caused this CONTRACT to be executed in four (4) counterparts, each of which shall be considered an original on the day and year first above written.

ATTEST:

|             | Knish Corporation      |
|-------------|------------------------|
|             | (Contractor)           |
| W. Hal      | By Ranger Kno          |
| Donna Knish | Randy Knish            |
| Secretary   | Title <u>President</u> |
| CAL CITY OD | 14127 Groveland Trail  |
| 431E        | (Street)               |
|             | Lonsdale, MN 55046     |
|             | (City)                 |

#### ARKANSAS PERFORMANCE-PAYMENT BOND

### KNOW ALL MEN BY THESE PRESENTS: THAT WE, KNISH CORPORATION as Principal, hereinafter called Principal, and NORTH AMERICAN SPECIALTY\_ INSURANCE COMPANY of 1200 ARLINGTON HEIGHTS ROAD, ITASCA State of IL , as Surety, hereinafter called the Surety, are held and firmly bound unto the City of Jonesboro as Obligee, hereinafter called Owner, in the amount of SIX HUNDRED TWENTY FOUR THOUSAND FIVE HUNDRED FIFTY SEVEN AND 00/100 Dolla rs (\$ 624,557.00) in lawful money of the United States of America, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly, severally, and firmly by these presents. THE CONDITION OF THIS OBLIGATION IS SUCH THAT: WHEREAS, The Principal entered into a Contract with the Owner by written Agreement dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, a copy of which is attached hereto and made a part hereof, hereinafter referred to as the Contract, for the construction of

NOW THEREFORE, if the Principal shall well and truly perform and complete in good, sufficient, and workmanlike manner all of the work required by said Contract and within the time called for thereby to the satisfaction of the Owner, and shall pay all persons for labor, materials, equipment, and supplies furnished by said Principal in accordance with said Contract (failing which such persons shall have a direct right to action against the Principal and Surety under this obligation, but subject to the Owner's priority) and shall hold and save harmless the Owner from any and all claims, loss, and expense of every kind and nature arising because of or resulting from the Principal's operation under said Contract, except payments to the Principal rightly due the Principal for work under said Contract, then this obligation shall be null and void; otherwise to remain in full force and effect.

DOWNTOWN SIDEWALK IMPROVEMENTS, AHTD JOB NO. 100557.

Any alterations which may be made in the terms of the Contract, or in the work to be done under it, or the giving by the Owner of an extension of time for the performance of the Contract, or any other forbearance on the part either of the Owner or Principal to the other shall not release in any way the Principal and Surety, or either of them, their heirs, personal representatives, successors, or assigns from their liability hereunder, notice to the Surety of any alteration, extension, or forbearance hereby being waived.

In no event shall the aggregate liability of the Surety exceed the sum set herein.

No suit, action, or proceeding shall be brought on this bond outside the State of Arkansas. No suit, action, or proceeding shall be brought on this bond, except by the Owner, after six (6) months from the date on which final payment to the Contractor falls due. No suit, action, or proceeding shall be brought by the Owner after two (2) years from the date on which final payment to the Contractor falls due.

|      | This bond is executed pursuant to the terms of Arkansas Code Ann. §§ |                        |   |              |
|------|--|------------------------|---|--------------|
|      | Executed on this   | day of                 | , 20                                    |              |
| SEAL |  |                        |   |              |
|      |  |                        |   |              |
|      |  | <u>Knis</u><br>(Princi | sh Corporation pal)                     |              |
|      |  | By Ra                  | and Knish                               |              |
|      |  | Title                  | President                               |              |
|      |  |                        |   |              |
| SEAL | ,  |                        | AMERICAN SPECIALTY<br>NCE COMPANY<br>y) | <del>_</del> |
|      |  | By                     | on 12. Remich                           | /<br>L'      |
| NOTE | rc.  | 4                      | (Attorney-in-Fact)                      | <del></del>  |
| NOTE | 29:  |                        | JOAN K. REMICK                          |              |

- 1. This bond form is mandatory. No other forms will be acceptable.
- 2. The date of the Bond must not be prior to the date of the Contract.
- 3. Any surety executing this Bond must appear on the U.S. Treasury Department's most current list (Circular 570, as amended) and be authorized to transact business in the State of Arkansas.
- 4. Attach Power of Attorney.

|                           | ·  |   |
|---------------------------|--|---|
| STATE OF MINNES           | SOTA,  |   |
| COUNTY OF Wash            | hington SS.  |   |
| On this                   | day of   | , , before me appeare   |
| Joan K. Remick            |  |   |
| to me personally kno      | wn, who, being duly sworn, did say that he is          | s the Attorney-in-Fact of the North American Specialty Insurance                |
| Company                   |  |   |
| of said corporation by    |  | seal of said corporation; that said instrument was signed and sealed on behal   |
| 4.<br>11.                 |  | melina cm. norda  |
|                           |  | Notary Public, Washington County, Minn  |
|                           |  | My commission expires   |
|                           | ACKNOWLED  | GMENT OF PRINCIPAL  |
|                           |  | Corporation   |
| STATE OF                  |  | _ <del></del>   |
| COLDITY OF                | nnesota SS.  |   |
| COUNTY OF -Ric<br>On this | day of   | , , before me personally cam  |
|                           |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| o me known who b          | Randy Knish eing by me duly sworn, did depose and say; | that he resides in  |
| is me knewn, whe, or      | that he is   |   |
| of the Knish Corpor       |  |   |
|                           |  | ment; that he knows the seal of said corporation; that the seal affixed to said |
|                           | orporate seal; that is was so affixed by order         | r of the Board of Directors of said corporation, and that he signed his nam     |
|                           | 6,500 - 250 <b>0 AMMMMMMM</b>                          | Cennya Lynn Murphy  |
| (Seal)                    | JENNIFER LYNN MURPHY AND NOTARY PUBLIC-MINNESOTA       | Notary Public Rice County, MN   |
|                           | My Commission Expires Jan. 31, 2008                    | My commission expires   |

**SURETY ACKNOWLEDGMENT** 

#### NAS SURETY GROUP

## NORTH AMERICAN SPECIALTY INSURANCE COMPANY WASHINGTON INTERNATIONAL INSURANCE COMPANY

#### GENERAL POWER OF ATTORNEY

| laws of the State of New Hampshire, and having its principal office in the | pecialty Insurance Company, a corporation duly organized and existing under e City of Manchester. New Hampshire, and Washington International |
|--|---|
|  | s of the State of Arizona and having its principal office in the City of Itasca,  |
| Illinois, each does hereby make, constitute and appoint:                   |   |
| TERRY STARKS, DAVID  | E. SELL, ROBERT E. CLEMANTS   |
| A FEL 100 A M A NOD  | DDI LIGANIK DENIGK  |

| TERRY STARKS, DAVID E. SELL, ROBERT E. CLEMANTS  |
|--|
| MELISSA M. NORDIN and JOAN K. REMICK   |
| jointly or severally   |
| Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:   |
| TEN MILLION (10,000,000.00) DOLLARS  |
| This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 24 <sup>th</sup> of March, 2000:   |
| "RESOLVED, that any two of the President, any Executive Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is   |
| FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."   |
| By  Paul D. Amstutz, President & Chief Executive Officer of Washington International Insurance Company  Vice President of North American Specialty Insurance Company  Steven P. Anderson, Executive Vice President of Washington International Insurance Company   |
| IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this _5 _ day of September, 20_03  |
| North American Specialty Insurance Company Washington International Insurance Company  |
| State of Illinois County of Du Page ss:  |
| On this 5 day of September, 2003, before me, a Notary Public personally appeared Paul D. Amstutz, President and CEO of Washington International Insurance Company and Vice President of North American Specialty Insurance Company and Steven P. Anderson.  Executive Vice President of Washington International Insurance Company and Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies. |
| OFFICIAL SEAL VARIABLE - STATE OF LUNCIS INFO COMMISSION EXPRESS: 64-18-08  Yasmin A. Patel, Notary Public   |
| Yasmin A. Patel, Notary Public   |
| I, <u>James A. Carpenter</u> , the duly elected <u>Assistant Secretary</u> of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.  |
| IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this day of, 20  |
| James A. Gugents.  |

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE ENDORSEMENT

Coverage for acts of terrorism as defined in § 102(1) of the Terrorism Risk Insurance Act of 2002 ("the Act") is already included in this surety bond. You should know that, effective November 26, 2002, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The portion of your annual premium that is attributable to coverage for acts of terrorism is §0.

As your insurance/surety company we are sending you this notice to comply with the Terrorism Risk Insurance Act of 2002.

For questions regarding this notice please visit our website <a href="www.nassurety.com">www.nassurety.com</a> or you may call our office at 630- 227- 4825.

REV: 2/03 agent notice

| 1  | <u> 4CORD.</u>                              | <b>CERTI</b>           | FICATE   | <b>OF LIAB</b>   | ILITY IN  | <b>ISURAN</b>                     | ICE OP ID SP  | DATE (MM/DD/YY)<br>10/22/03           |
|--|---|------------------------|--|--|---|-----------------------------------|---|---------------------------------------|
|  | DUCER<br>artman Insu:                       | _                      | QE.  | OPLE · PRIOR   | THIS CERTI  | FICATE IS ISSUE<br>CONFERS NO RI  | ED AS A MATTER OF IN<br>GHTS UPON THE CERT<br>E DOES NOT AMEND, E | FORMATION<br>IFICATE                  |
| 33   | Central A                                   | ve., PO Bo             | x 449  | 0  | OALTER THE  | COVERAGE AF                       | FORDED BY THE POLIC   | IES BELOW.                            |
|  | ribault MN !<br>one:507-334                 |                        | k: 507-924   |  | 18/C  | INSURERS A                        | AFFORDING COVERAGI  | E ·                                   |
|  | IRED  |                        | 6  |  | 11.111.   | HAWKEYE-SEC                       | URITY INSURANCE   |                                       |
|  | KNISH                                       | CORPORATI<br>GROVELAND | ON CON   |  | PASURER B:  |                                   |   | · · · · · · · · · · · · · · · · · · · |
|  |   | ALE MN 550             |  | ARKANSAS   | INSURER D:  |                                   |   |                                       |
| CO   | VERAGES                                     |                        |  | AC BOISS   |   |                                   |   |                                       |
| AI<br>M  | YY REQUIREMENT, TEF<br>AY PERTAIN, THE INSU | RM OR CONDITION O      | OF ANY CONTRACT OR (   | O THE INSURED NAMED A<br>OTHER DOCUMENT WITH<br>RIBED HEREIN IS SUBJEC<br>BY PAID CLAIMS.  | RESPECT TO WHICH  | THIS CERTIFICATE M                | AY BE ISSUED OR   |                                       |
| NSR<br>LTR   | TYPE OF IN:                                 | SURANCE                | POLICY   | NUMBER   | POLICY EFFECTIVE DATE (MM/DD/YY)  | POLICY EXPIRATION DATE (MM/DD/YY) | LIMIT   | s                                     |
|  | GENERAL LIABILITY                           |                        |  |  |   |                                   | EACH OCCURRENCE   | \$1,000,000                           |
| A  | X COMMERCIAL G                              | SENERAL LIABILITY      | CBP9707627   |  | 04/01/03  | 04/01/04                          | FIRE DAMAGE (Any one fire)  | \$ 100,000                            |
|  | CLAIMS MA                                   | NDE X OCCUR            |  |  |   |                                   | MED EXP (Any one person)  | \$5,000                               |
|  | X OCP                                       |                        |  |  |   |                                   | PERSONAL & ADV INJURY   | \$1,000,000                           |
|  |   |                        |  | 100  |   |                                   | GENERAL AGGREGATE   | \$2,000,000                           |
|  | GEN'L AGGREGATE L                           |                        |  | ONE  |   |                                   | PRODUCTS - COMP/OP AGG  | \$2,000,000                           |
| A  | POLICY 'J  AUTOMOBILE LIABIL  X ANY AUTO    | PRO-<br>LOC<br>LITY    | BA9708127  | CINT   | 004/01/02   | 04/01/04                          | COMBINED SINGLE LIMIT (Ea accident)                               | \$1,000,000                           |
| •  | ALL OWNED AUT                               |                        | - CU   | CITY CLER  | ACR 101/01  | 55, 52, 55                        | BODILY INJURY<br>(Per person)                                     | s                                     |
|  | X HIRED AUTOS X NON-OWNED AU                | JTOS                   |  |  |   |                                   | BODILY INJURY<br>(Per accident)                                   | <b>s</b> :                            |
|  |   |                        |  |  |   |                                   | PROPERTY DAMAGE<br>(Per accident)                                 | \$                                    |
|  | GARAGE LIABILITY                            | _                      |  |  |   |                                   | AUTO ONLY - EA ACCIDENT   | \$                                    |
|  | ANY AUTO                                    |                        |  |  |   |                                   | OTHER THAN EA ACC   | \$                                    |
|  |   |                        |  |  |   |                                   | AUTO ONLY: AGG  | \$                                    |
|  | EXCESS LIABILITY                            | $\neg$                 |  |  |   |                                   | EACH OCCURRENCE   | \$5,000,000                           |
| A  | X OCCUR                                     | CLAIMS MADE            | CU9708627  |  | 04/01/03  | 04/01/04                          | AGGREGATE   | \$ 5,000,000<br>\$                    |
|  | DEDUCTIBLE                                  |                        |  |  |   |                                   |   | \$                                    |
|  | X RETENTION                                 | \$ 10,000              |  |  |   |                                   |   | \$                                    |
|  | WORKERS COMPEN                              |                        |  |  |   |                                   | X WC STATU-<br>TORY LIMITS ER                                     |                                       |
| A  | EMPLOYERS' LIABIL                           | JTY                    | WC9708527  |  | 04/01/03  | 04/01/04                          | E.L. EACH ACCIDENT  | \$ 500000                             |
|  |   |                        |  |  |   |                                   | E.L. DISEASE - EA EMPLOYEE  | \$ 500000                             |
|  |   |                        |  |  |   |                                   | E.L. DISEASE - POLICY LIMIT                                       | \$ 500000                             |
|  | OTHER                                       |                        |  |  |   |                                   |   |                                       |
| DES  | CRIPTION OF OPERATI                         | IONS/LOCATIONS/VI      | FHICLES/FXCLUSIONS   | ADDED BY ENDORSEMEN  | T/SPECIAL PROVISIO  | )NS                               |   |                                       |
|  |   |                        |  | L INSURED ON   |   |                                   | Y RE:   |                                       |
| AF   | ITD JOB NO.                                 | 100557 - 0             | CITY OF JONE   | SBORO - DOWN   | TOWN SIDEWA   | ALK IMPROVE                       | ments.  |                                       |
| E  | CLUSIONS RE                                 | FER TO POI             | LICY.  |  |   |                                   |   |                                       |
|  |   |                        |  |  |   |                                   |   |                                       |
|  |   |                        |  |  |   |                                   |   |                                       |
| CE   | RTIFICATE HOLD                              | ER N AD                | DITIONAL INSURED; INS  | URER LETTER:   | CANCELLATI  | ON                                |   |                                       |
| ASSOCIT  |   |                        |  |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION |                                   |   |                                       |
| ASSOCIATED ENGINEERING AND<br>TESTING, LLC<br>1825 E NETTLETON AVE |   |                        | DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN        |  |   |                                   |   |                                       |
|  |   |                        | NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL |  |   |                                   |   |                                       |
|  | PO BOX 1462                                 |                        |  | IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR   |   |                                   |   |                                       |
|  | JONES                                       | BORO AR 72             | 403-1462   |  | AUTHORIZED REPRESENTATIVE Wilson  |                                   |   |                                       |
|  |   |                        |  | TO THE PARTY OF TH | ASW   | Use _                             |   |                                       |
|  |   |                        |  |  |   | w                                 |   |                                       |

#### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

#### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.