
Le Sueur County, MN

Tuesday, January 27, 2015

Board Meeting

Item 2

9:00 a.m. Agenda and Consent Agenda (5 min)

RE: January 20, 2015 Minutes and Summary Minutes

RE: County Credit Card Request

RE: Caribou Renewal and Display

RE: Future Meetings

Staff Contact:

Minutes of Le Sueur County Board of Commissioners Meeting January 20, 2015

The Le Sueur County Board of Commissioners met in regular session on Tuesday, January 20, 2015 at 9:00 a.m. in the Courthouse at Le Center, Minnesota. Those members present were: Steve Rohlffing, Lance Wetzel, Dave Gliszinski, John King and Joe Connolly. Also present were Darrell Pettis and Brent Christian.

On motion by Connolly, seconded by Rohlffing and unanimously approved, the Board approved the agenda for the business of the day.

On motion by Gliszinski, seconded by King and unanimously approved, the Board approved the consent agenda:

- Approved the January 6, 2015 County Board Minutes and Summary Minutes
- Approved two Applications for Exempt Permit with no waiting period for the Valley Yelpers at the Caribou Gun Club.

Sue Rynda, Human Services Director, appeared before the Board to give the monthly Human Services Report. This presentation covered Finance, Income Maintenance, Child Support, Family Services, and Mental Health.

On motion by King, seconded by Rohlffing and unanimously approved, the Board authorized the purchase of a 2015 Dodge Caravan from New Prague Auto Group in the amount of \$16,724.00.

On motion by Rohlffing, seconded by King and unanimously approved, the Board authorized the purchase of a remote start from New Prague Auto Group on the approved 2015 Dodge Caravan in the amount of \$479.00.

On motion by Gliszinski, seconded by Rohlffing and unanimously approved, the following cases and claims were approved:

Soc Serv:	\$206,714.80
Financial:	\$ 84,559.72

Cindy Westerhouse, Human Resources Director came before the Board with numerous items.

On motion by Rohlffing, seconded by Gliszinski and unanimously approved, the Board approved the recommendation to hire Jody Kubiszewski as a full time Administrative Assistant III, in the Veteran's Services Office, as a Grade 5, Step 1 at \$15.79 per hour, effective February 9, 2015.

On motion by King, seconded by Gliszinski and unanimously approved, the Board approved the recommendation to hire Julie Bergeman as a full time Agency Social Worker, in Human Services, as a Grade 10, Step 1 at \$21.13 per hour, effective February 9, 2015.

On motion by Rohlffing, seconded by King and unanimously approved, the Board approved the recommendation to end the temporary assignment with Theresa Collins, temporary Eligibility Worker in Human Services, effective January 22, 2015.

On motion by King, seconded by Gliszinski and unanimously approved, the Board approved the recommendation to promote Arlene Lemmers as a part time Home Health Aide, in Public Health, as a Grade 2, Step 5 at \$15.29 per hour effective January 26, 2015.

On motion by Gliszinski, seconded by Rohlfing and unanimously approved, the Board approved the recommendation to post and advertise for a full time Deputy Auditor-Treasurer III – Motor Vehicle Supervisor, in the Auditor-Treasurer’s Office, as a Grade 10, Step 1 at \$21.13 per hour.

On motion by Gliszinski, seconded by King and unanimously approved, the Board approved the recommendation to post and advertise for a full time Deputy Auditor-Treasurer III – Accounts Payable/Records Management, in the Auditor-Treasurer’s Office, as a Grade 9, Step 1 at \$19.93 per hour.

On motion by Rohlfing, seconded by Connolly and unanimously approved, the Board approved the recommendation to sign the 2015 – 2017 Labor Agreement between Le Sueur County and the Minnesota Teamsters Public and Law Enforcement Employees’ Union Local No. 320, Deputy Sheriff.

On motion by Gliszinski, seconded by King and unanimously approved, the Board approved the recommendation to sign the 2015 – 2017 Labor Agreement between Le Sueur County and the Minnesota Teamsters Public and Law Enforcement Employees’ Union Local No. 320, Jailer/Dispatcher.

Pam Simonette, Auditor - Treasurer appeared before the Board with two items for the Board's consideration.

On motion by King, seconded by Rohlfing and unanimously approved, the Board approved the 2014 Interest Report as submitted by Pam Simonette Auditor – Treasure.

On motion by Gliszinski, seconded by Connolly and unanimously approved, the Board approved the following Resolution of Approval of Application for Cancellation:

RESOLUTION OF APPROVAL OF APPLCIATION FOR CANCELLATION

WHEREAS: On January 20, 2015 Pam Simonette, Le Sueur County Auditor- Treasurer presented an Application for Cancellation of Forfeiture, PT Form 90, to the County Board for their review, and

WHEREAS: This PT Form 90 was prepared for the following described property:
S 75 ft of Lot 4 & 5 and N 45 ft of Lots 6-7-8, Block 23, PP & H Addition to City Waterville, and

WHEREAS: The Certificate of Forfeiture for the property was executed on July 22, 2014, recorded on in the Le Sueur County Recorder's Office on July 24, 2014, and

WHEREAS: The reason for Cancellation is an Administrative Error explained as follows:

One of our taxpayers had two parcels up for tax forfeiture in 2014. They contacted our office for a payoff amount. However, our office staff only gave them the payoff for one parcel. This is the parcel that was omitted in error. The omission was caught at the time of request for valuation on the parcel of the tax sale. We have been paid by the taxpayer, and

WHEREAS: The County Auditor - Treasurer recommends the County Board approved the Application for Cancellation.

THEREFORE, BE IT RESOLVED: That the Le Sueur County Board of Commissioners hereby approves the Application for Cancellation of Forfeiture and,

BE IT FURTHER RESOLVED, that the Le Sueur County Board of Commissioners hereby recommends that the cancellation be granted.

Scott Gerr, MIS Director came before the Board with several items for discussion and approval.

On motion by Gliszinski, seconded by King and unanimously approved, the Board approved the Syntax yearly maintenance renewal in the amount of \$1,595.00.

On motion by Rohlfing, seconded by King and unanimously approved, the Board approved the purchase of computers from GovConnection APC Connection Co. in the amount of \$25,450.00.

On motion by Gliszinski, seconded by Connolly and unanimously approved, the Board approved the purchase of video cards from GovConnection APC Connection Co. in the amount of \$545.38.

On motion by Connolly, seconded by Rohlfing and unanimously approved, the Board approved the purchase of computers for the Highway Department from GovConnection APC Connection Co. in the amount of \$4,251.20.

Darrell Pettis, Administrator/Engineer came before the Board with several items for discussion and approval.

On motion by Rohlfing, seconded by King and unanimously approved, the Board approved and authorized the Chair to sign the following Trunk Highway 22 Detour Agreement Resolution:

IT IS RESOLVED that Le Sueur County enter into MnDOT Agreement No. 07464 with the State of Minnesota, Department of Transportation for the following purposes:

To provide for payment by the State to the County for the use of County State Aid Highway No. 21 (Shanaska Creek Road and Golf Course Road) as a detour route during the contract construction to be performed upon, along and adjacent to Trunk Highway No. 22 under State Project No. 4012-36 (T.H. 22=005).

BE IT FURTHER RESOLVED that the Board Chairman and County Administrator are authorized to execute the Agreement and any amendments to the Agreement.

On motion by Connolly, seconded by Gliszinski and unanimously approved, the Board approved the following Montgomery TAP Resolutions:

SECTION 3: SPONSORING AGENCY RESOLUTION

BE IT RESOLVED that Le Sueur County agrees to act as sponsoring agency for a “Transportation Alternatives” project identified as Boulevard Ave Sidewalk Construction and Street Improvement and has reviewed and approved the project as proposed. Sponsorship includes a willingness to secure and guarantee the local share of costs associated with this project and responsibility for seeing this project through to its completion, with compliance of all applicable laws, rules and regulations.

BE IT FURTHER RESOLVED that Darrell Pettis, County Engineer is hereby authorized to act as agent on behalf of this sponsoring agency.

SECTION 4: RESOLUTION AGREEING TO MAINTAIN FACILITY

WHEREAS: The Federal Highway Administration (FHWA) requires that states agree to operate and maintain facilities constructed with federal transportation funds for the useful life of the improvement and not change the use of right of way or property ownership acquired without prior approval from the FHWA: and

WHEREAS: Transportation Alternatives projects receive federal funding; and

WHEREAS: the Minnesota Department of Transportation (MnDOT) has determined that for projects implemented with alternative funds, this requirement should be applied to the project proposer; and

WHEREAS: Le Sueur County is the sponsoring agency for the Transportation Alternatives project identified as Boulevard Ave Sidewalk Construction and Street Improvement.

THEREFORE BE IT RESOLVED THAT the sponsoring agency hereby agrees to assume full responsibility for the operation and maintenance of property and facilities related to the aforementioned Transportation Alternatives project.

On motion by Rohlfing, seconded by King and unanimously approved, the Board approved the purchase of a one ton pickup and box for the Highway Department in the amount of \$37,025.72.

On motion by Rohlfing, seconded by Gliszinski and unanimously approved, the Board approved the Sheriff/Dispatch office upgrades estimate from John and Jean’s Woodcrafts in the amount of \$6,450.00.

On motion by Connolly, seconded by Rohlfing and unanimously approved, the Board approved the A'viands Agreement and authorized the Chair to sign the Number Eleven Amendment to the Agreement.

On motion by Gliszinski, seconded by Rohlfing and unanimously approved, the following claims were approved for payment:

Warrant #	Vendor Name	Amount
34588	A'Viands	\$ 7,420.29
34591	American Engineering Testing	\$ 5,000.00
34604	Bolton & Menk Inc.	\$ 2,000.00
34608	Christian, Keogh, Moran & King	\$ 2,904.90
34609	Cleveland City	\$ 16,504.76
34616	Department of Corrections STS	\$ 14,538.94
34618	Elysian City	\$ 9,481.46
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34698	Thomson Reuters	\$ 2,021.45
34700	Tire Associates Inc.	\$ 2,410.92
34712	Waterville City	\$ 24,230.39
34713	Wenck Associates Inc.	\$ 12,817.10
34717	Wornson, Goggins & Zard	\$ 2,381.53
108 Claims paid less than \$2,000.00:		\$ 37,225.15
24 Claims paid more than \$2,000.00:		\$303,058.99
132 Total all claims paid:		\$340,284.14

On motion by Gliszinski, seconded by King and unanimously approved, the Board adjourned until Tuesday January 27, 2015 at 9:00 a.m.

ATTEST:

Le Sueur County Administrator

Le Sueur County Chairman

Summary Minutes of Le Sueur County Board of Commissioners Meeting, January 20, 2015

● This is only a summary publication per MN Statutes 375.12 and 331A.01 sub. 10. The complete minutes are on file in the Le Sueur County Administrator's Office at 88 S Park Ave. Le Center, MN and are available at www.co.le-sueur.mn.us.

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● The Board approved the agenda for the business of the day. (Connolly-Rohlfsing)

● The Board approved the consent agenda: (Gliszinski-King)

- Approved the January 6, 2015 County Board Minutes and Summary Minutes

- Approved two Applications for Exempt Permit with no waiting period for the Valley Yelpers at the Caribou Gun Club.

● The Board authorized the purchase of a 2015 Dodge Caravan from New Prague Auto Group in the amount of \$16,724.00. (King-Rohlfsing)

● The Board authorized the purchase of a remote start from New Prague Auto Group on the approved 2015 Dodge Caravan in the amount of \$429.00. (Rohlfsing-King)

● The following cases and claims were approved: (Gliszinski-Rohlfsing)
Soc Serv: \$206,714.80 and Financial: \$ 84,559.72

● The Board approved the recommendation to hire Jody Kubiszewski as a full time Administrative Assistant III, in the Veteran's Services Office, as a Grade 5, Step 1 at \$15.79 per hour, effective February 9, 2015. (Rohlfsing-Gliszinski)

● The Board approved the recommendation to hire Julie Bergeman as a full time Agency Social Worker, in Human Services, as a Grade 10, Step 1 at \$21.13 per hour, effective February 9, 2015. (King-Gliszinski)

● The Board approved the recommendation to end the temporary assignment with Theresa Collins, temporary Eligibility Worker in Human Services, effective January 22, 2015. (Rohlfsing-King)

● The Board approved the recommendation to promote Arlene Lemmers as a part time Home Health Aide, in Public Health, as a Grade 2, Step 5 at \$15.29 per hour effective January 26, 2015. (King-Gliszinski)

● The Board approved the recommendation to post and advertise for a full time Deputy Auditor-Treasurer III – Motor Vehicle Supervisor, in the Auditor-Treasurer's Office, as a Grade 10, Step 1 at \$21.13 per hour. (Gliszinski-Rohlfsing)

● The Board approved the recommendation to post and advertise for a full time Deputy Auditor-Treasurer III – Accounts Payable/Records Management, in the Auditor-Treasurer's Office, as a Grade 9, Step 1 at \$19.93 per hour. (Gliszinski-King)

● The Board approved the recommendation to sign the 2015 – 2017 Labor Agreement between Le Sueur County and the Minnesota Teamsters Public and Law Enforcement Employees' Union Local No. 320, Deputy Sheriff. (Rohlfsing-Connolly)

● The Board approved the recommendation to sign the 2015 – 2017 Labor Agreement between Le Sueur County and the Minnesota Teamsters Public and Law Enforcement Employees' Union Local No. 320, Jailer/Dispatcher. (Gliszinski-King)

● The Board approved the 2014 Interest Report as submitted by Pam Simonette, Auditor – Treasurer. (King-Rohlfsing)

● The Board approved the following Resolution of Approval of Application for Cancellation: (Gliszinski-Connolly)

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108	Claims paid less than \$2,000.00:	\$ 37,225.15
24	Claims paid more than \$2,000.00:	\$303,058.99
132	Total all claims paid:	\$340,284.14

- The Board adjourned until Tuesday January 27, 2015 at 9:00 a.m. (Gliszinski-King)

ATTEST: Le Sueur County Administrator Le Sueur County Chairman

**LE SUEUR COUNTY
REQUEST FOR COUNTY ISSUED CREDIT CARD**

RE: Request for County Issued Credit Card for
(Place an X in the applicable box)

- ☐ Commissioner
☐ Department Head
☒ Employee

Department Head Portion:

I request the following Department/Employee be issued a Le Sueur County Credit Card.

Employee Full Name (print): Miranda Rosa

Title: Drug Court Coordinator

Department: Drug Court

County Issued Credit Card Account Limit: \$ 5000.00

County-Issued Credit Cards are to be used only for conducting officially approved County business.

I hereby certify that I have reviewed with the employee the Le Sueur County Issued Credit Card Policy and the Credit Card User Agreement.

[Signature]
Signature of Department Head

1/21/15
Date

Employee Portion:

I have reviewed the Le Sueur County Issued Credit Card Policy and the Credit Card User Agreement. I agree to abide by these policies and other policies of the County.

[Signature]
Signature of Employee

1/16/15
Date

Auditor/Treasurer Portion:

Received request on (date) _____

Presented to the Le Sueur County Board on (date) _____

Action taken by Le Sueur County Board on (date) _____

- ☐ Approved as requested
☐ Denied
☐ _____

Le Sueur County Auditor/Treasurer

Date

~~~~~  
**Employee Portion:**

I acknowledge receipt of credit card bearing number \_\_\_\_\_.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**Auditor-Treasurer Copy**

**Employee Copy**

**Human Resources Copy**



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement  
445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7512

RENEWAL OF CONSUMPTION AND DISPLAY PERMIT  
Permit Fee \$250 (Renewal Date: April 1)

|                             |                    |
|-----------------------------|--------------------|
| ID# 262                     | License Code CDPBL |
| Caribou Gun Club Inc.       |                    |
| Caribou Gun Club            |                    |
| 30649 380th St              |                    |
| LeSueur                     | MN 56058           |
| Business Phone 507-665-3796 |                    |

IF NAME AND ADDRESS  
SHOWN ARE NOT  
CORRECT, MAKE  
CHANGES BELOW

Worker's Comp. Ins. Name SFM Policy # 048710, 809 Policy Period 7/26/2014 / 7/26/15  
City/County where permit approved LeSueur  
Licensee Name Caribou Gun Club Inc  
Address, City, State, Zip 30649 - 380th St  
Business Phone 507-665-3796 Email caribougunclub@yahoo.com

By signing this renewal application, applicant certifies that there has been no change in ownership, corporate officers, bylaws, membership, partners, home addresses, or telephone numbers. If changes have occurred during the past 12 months, please give details on the back of this renewal, then sign below.

Applicant's signature on this renewal confirms the following: Failure to report any of the following will result in fines.

1. Applicant confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
2. Applicant confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
3. Applicant confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on the back of this renewal, then sign below.
4. Applicant confirms that workers compensation insurance is in effect for the full license period.
5. Applicant confirms, no club on-sale intoxicating liquor license is held.
6. Applicant confirms business premises are separate from any other business establishment.

Licensee Signature [Signature] Date 1/19/15  
(Signature certifies all application information to be correct and permit has been approved by city/county.)

City Clerk/County Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature certifies that a consumptions and display permit has been approved by the city/county as stated above.)

**MAKE CHECKS PAYABLE TO: DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT  
AND RETURN WITH APPLICATION**

Amount Received \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

Faxed 10/17/14 CARIB-1 CR ID: DJ

DATE (MM/DD/YYYY)

10/03/2014

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).

|                                                                                                                                              |                                                        |                                                                                |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|
| <b>PRODUCER</b><br>Key City Insurance Agency<br>334 Belgrade Avenue<br>P.O. Box 2138<br>North Mankato, MN 56002-2138<br>Key City Ins. Agency | <b>Phone:</b> 507-625-7667<br><b>Fax:</b> 507-625-3349 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b><br><b>E-MAIL ADDRESS:</b> | <b>FAX (A/C, No):</b> |
|                                                                                                                                              |                                                        | <b>INSURER(S) AFFORDING COVERAGE</b>                                           |                       |
|                                                                                                                                              |                                                        | <b>INSURER A:</b> West Bend Mutual Ins Co                                      | <b>NAIC #</b> 15350   |
|                                                                                                                                              |                                                        | <b>INSURER B:</b>                                                              |                       |
|                                                                                                                                              |                                                        | <b>INSURER C:</b>                                                              |                       |
|                                                                                                                                              |                                                        | <b>INSURER D:</b>                                                              |                       |
|                                                                                                                                              |                                                        | <b>INSURER E:</b>                                                              |                       |
|                                                                                                                                              |                                                        | <b>INSURER F:</b>                                                              |                       |

**INSURED**  
Caribou Gun Club, Inc  
Randy Voss  
30649 380th St  
Le Sueur, MN 56058

| 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 INSR           | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                     |          |                  |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                    |                     |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><br>DED RETENTION \$                                                                                                                                                  |                     |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A                                                                               |                     |          |                  |                         |                         | WC STATUTORY LIMITS OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                   |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Liquor Liability                                                                                                                                                                                                                                                                                                |                     |          | NSN1214306 04    | 11/16/2014              | 11/16/2015              | Occurrence 1,000,000<br>Aggregate 1,000,000                                                                                                                                              |

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

|                                                                                          |                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Le Sueur County<br>88 S Park Ave<br>Le Center, MN 56057 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Key City Ins. Agency<br> |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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ACORD 25 (2010/05)

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## **Future Meetings 2015**

|                   |                                                                           |
|-------------------|---------------------------------------------------------------------------|
| January 27, 2015  | Board Meeting, 9:00 a.m. at the 4-H Family Center                         |
| February 3, 2015  | Board Meeting, 9:00 a.m.                                                  |
| February 10, 2015 | No Board Meeting                                                          |
| February 10, 2015 | German-Jefferson Open House, 7:00 p.m.<br>4-H Family Center               |
| February 12, 2015 | P&Z Meeting, 7:00 p.m.<br>Environmental Services Building                 |
| February 17, 2015 | 2015 Le Sueur – Waseca Community Health Board (CHB)                       |
| February 17, 2015 | Board Meeting, 9:00 a.m.                                                  |
| February 19, 2015 | Board of Adjustment Meeting, 3:00 p.m.<br>Environmental Services Building |
| February 24, 2015 | Board Meeting, 9:00 a.m.                                                  |
| March 3, 2015     | Board Meeting, 9:00 a.m.                                                  |
| March 10, 2015    | No Board Meeting                                                          |
| March 12, 2015    | P&Z Meeting, 7:00 p.m.<br>Environmental Services Building                 |
| March 17, 2015    | Board Meeting, 9:00 a.m.                                                  |
| March 19, 2015    | Board of Adjustment Meeting, 3:00 p.m.<br>Environmental Services Building |
| March 24, 2015    | Board Meeting, 9:00 a.m.                                                  |
| March 31, 2015    | No Board Meeting                                                          |