



AGENDA INFORMATION
TIFFIN CITY COUNCIL COMMUNICATION

DATE:	May 15, 2026
AGENDA ITEM:	Discussion and Consideration of Pay Application #12 – Miron Construction – Tiffin Recreation Center Project – Motion to Approve
ACTION:	Motion

Background

The City of Tiffin continues construction of the Tiffin Recreation Center in partnership with Miron Construction Co., Inc.

Pay Application No. 12 covers work completed through April 30, 2026, and reflects ongoing progress across multiple project components, including structural systems, interior work, mechanical systems, and site utilities.

This pay application reflects continued substantial progress on the Recreation Center project.

Key work activities during this period include:

- Advancement of structural and exterior systems (steel, masonry, metal building components)
- Continued installation of mechanical, electrical, and plumbing systems
- Interior build-out progress, including flooring, ceilings, and specialty equipment
- Site work and utilities nearing completion in some areas

Several line items are approaching completion (e.g., concrete, steel, utilities), while others such as interior finishes, athletic flooring, and site improvements are ongoing.

The application has been reviewed and is consistent with the project schedule and percentage of completion. Retainage continues to be withheld per contract requirements.

Recommendation

Staff recommends approval of Resolution No. 2026-038, approving the final plat for Park Place City Center – Part One, Phase Four, subject to the outlined conditions.

ATTACHMENTS: Pay Application

Miron Construction Co., Inc.

CONTINUATION SHEET AIA DOCUMENT G703

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

APPLICATION NUMBER: 12

APPLICATION DATE: 04/28/2026

PERIOD TO: 04/30/2026

PROJECT NO: 250120

INVOICE NO.:

250120-0012

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE			D E WORK COMPLETED (D+E)		F MATERIAL PRESENTLY STORED	G TOTAL COMPLETED AND STORED TO DATE	PER- %(G/C)	H BALANCE TO FINISH	I RETAINAGE
		ORIGINAL	CHANGE ORDERS	CURRENT	FROM PREVIOUS APPLICATION	THIS PERIOD					
005	General Conditions	503,136.00	6,000.00	509,136.00	298,737.00	37,446.00	0.00	336,183.00	66	172,953.00	16,809.15
010	General Requirements	206,878.00	0.00	206,878.00	106,555.37	30,377.40	0.00	136,932.77	66	69,945.23	6,846.69
015	Construction Manager Contingency	567,585.00	-156,628.41	410,956.59	0.00	0.00	0.00	0.00	0	410,956.59	0.00
016	Owner Contingency	0.00	225,451.17	225,451.17	0.00	0.00	0.00	0.00	0	225,451.17	0.00
020	Construction Fee	500,822.00	-42,001.00	458,821.00	382,953.67	20,547.78	0.00	403,501.45	88	55,319.55	20,175.01
025	Preconstruction Services	10,000.00	0.00	10,000.00	10,000.00	0.00	0.00	10,000.00	100	0.00	500.00
030	Railroad Insurance	5,050.00	0.00	5,050.00	5,050.00	0.00	0.00	5,050.00	100	0.00	252.50
035	Cast In Place Concrete	813,985.00	87,587.70	901,572.70	734,717.55	42,285.05	0.00	777,002.60	86	124,570.10	38,850.13
040	Masonry	344,553.00	-166,080.78	178,472.22	172,472.22	0.00	0.00	172,472.22	97	6,000.00	8,623.61
045	Steel Fabrication and Erection	987,710.00	108,545.80	1,096,255.80	1,019,984.75	11,255.80	0.00	1,031,240.55	94	65,015.25	51,562.04
050	General Trades	327,150.00	71,718.84	398,868.84	39,504.30	45,000.00	0.00	84,504.30	21	314,364.54	4,225.22
055	Rolling Doors and Shutters	6,890.00	1,870.00	8,760.00	0.00	0.00	0.00	0.00	0	8,760.00	0.00
060	Alum Windows, Entrances, Glass/Glazing	611,932.00	-222,632.00	389,300.00	182,815.00	40,790.00	0.00	223,605.00	57	165,695.00	11,180.25
065	Gypsum Board Systems	320,909.00	-107,219.00	213,690.00	0.00	39,500.00	0.00	39,500.00	18	174,190.00	1,975.00
070	Tile	13,129.00	2,934.00	16,063.00	0.00	0.00	5,665.00	5,665.00	35	10,398.00	283.25
075	Suspended Acoustical Ceiling and Panels	117,427.00	-27,246.00	90,181.00	18,169.00	9,888.00	0.00	28,057.00	31	62,124.00	1,402.85
080	Resilient Athletic Flooring	269,255.00	-41,205.00	228,050.00	818.00	7,702.00	115,575.00	124,095.00	54	103,955.00	6,204.75
085	Wood Athletic Flooring	240,000.00	-40,307.00	199,693.00	9,985.00	0.00	0.00	9,985.00	5	189,708.00	499.25
090	Resilient Flooring, Base and Carpet	67,829.00	-44,372.00	23,457.00	0.00	0.00	0.00	0.00	0	23,457.00	0.00
095	Painting and Wall Covering	161,504.00	-72,450.50	89,053.50	0.00	0.00	0.00	0.00	0	89,053.50	0.00
100	Building Signage	80,097.00	20,203.00	100,300.00	0.00	0.00	50,150.00	50,150.00	50	50,150.00	2,507.50
105	Athletic Equipment	300,600.00	12,745.00	313,345.00	15,667.00	0.00	0.00	15,667.00	5	297,678.00	783.35

Miron Construction Co., Inc.

CONTINUATION SHEET AIA DOCUMENT G703

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APPLICATION NUMBER: 12

APPLICATION DATE: 04/28/2026

PERIOD TO: 04/30/2026

PROJECT NO: 250120

INVOICE NO.:

250120-0012

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE			D E WORK COMPLETED (D+E)		F MATERIAL PRESENTLY STORED	G TOTAL COMPLETED AND STORED TO DATE	PER- %(G/C)	H BALANCE TO FINISH	I RETAINAGE
		ORIGINAL	CHANGE ORDERS	CURRENT	FROM PREVIOUS APPLICATION	THIS PERIOD					
110	Metal Building Systems	1,997,300.00	24,775.83	2,022,075.83	1,762,343.58	0.00	0.00	1,762,343.58	87	259,732.25	88,117.18
115	Elevators	122,000.00	0.00	122,000.00	61,000.00	0.00	0.00	61,000.00	50	61,000.00	3,050.00
120	Fire Suppression	204,120.00	-46,930.90	157,189.10	51,276.00	60,582.60	0.00	111,858.60	71	45,330.50	5,592.93
125	Plumbing	383,200.00	-61,603.00	321,597.00	94,087.75	97,676.75	0.00	191,764.50	60	129,832.50	9,588.23
130	HVAC	935,847.00	-213,737.00	722,110.00	455,746.00	55,348.00	0.00	511,094.00	71	211,016.00	25,554.70
135	Electrical	823,355.00	-113,688.39	709,666.61	338,218.00	74,619.00	0.00	412,837.00	58	296,829.61	20,641.85
140	Earthwork	315,386.00	12,788.20	328,174.20	290,062.46	4,231.46	0.00	294,293.92	90	33,880.28	14,714.69
145	Aggregate Piers	135,379.00	0.00	135,379.00	135,379.00	0.00	0.00	135,379.00	100	0.00	6,768.95
150	Asphalt Paving	169,606.00	1,249.00	170,855.00	0.00	0.00	0.00	0.00	0	170,855.00	0.00
155	Concrete Site Work	82,800.00	416.63	83,216.63	0.00	0.00	0.00	0.00	0	83,216.63	0.00
160	Athletic Turf Surfacing	45,000.00	-5,500.00	39,500.00	0.00	0.00	24,780.00	24,780.00	63	14,720.00	1,239.00
165	Site Utilities	64,708.00	75,782.88	140,490.88	140,490.88	0.00	0.00	140,490.88	100	0.00	7,024.55
166	Landscaping	0.00	97,075.00	97,075.00	20,360.00	1,500.00	0.00	21,860.00	23	75,215.00	1,093.00
170	Testing & Inspections Allowance	40,000.00	0.00	40,000.00	19,107.50	6,186.25	0.00	25,293.75	63	14,706.25	1,264.69
175	New Utility Services Allowance	40,000.00	-14,543.95	25,456.05	9,395.17	470.67	0.00	9,865.84	39	15,590.21	493.29
180	Mill & Overlay N Parking Lot Allowance	101,000.00	0.00	101,000.00	0.00	0.00	0.00	0.00	0	101,000.00	0.00
185	Flood Insurance Deductible Allowance	25,000.00	0.00	25,000.00	0.00	0.00	0.00	0.00	0	25,000.00	0.00
190	CMU Enhancements Allowance	35,000.00	-35,000.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
195	Lobby Alternate Ceiling Allowance	45,000.00	-45,000.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
200	Data Cabling & Backbone Allowance	250,000.00	-250,000.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
205	Access Control Allowance	34,000.00	0.00	34,000.00	0.00	0.00	0.00	0.00	0	34,000.00	0.00
210	CCTV Allowance	45,000.00	0.00	45,000.00	24,403.46	0.00	0.00	24,403.46	54	20,596.54	1,220.17

Miron Construction Co., Inc.

CONTINUATION SHEET AIA DOCUMENT G703

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

APPLICATION NUMBER: 12
 APPLICATION DATE: 04/28/2026 INVOICE NO.:
 PERIOD TO: 04/30/2026 250120-0012
 PROJECT NO: 250120

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE			D E WORK COMPLETED (D+E)		F MATERIAL PRESENTLY STORED	G TOTAL COMPLETED AND STORED TO DATE	PER- %(G/C)	H BALANCE TO FINISH	I RETAINAGE
		ORIGINAL	CHANGE ORDERS	CURRENT	FROM PREVIOUS APPLICATION	THIS PERIOD					
215	Landscaping Allowance	75,000.00	-75,000.00	0.00	0.00	0.00	0.00	0	0.00	0.00	
220	Unreleased Add #3 Allowance	10,000.00	-10,000.00	0.00	0.00	0.00	0.00	0	0.00	0.00	
<i>Project Total</i>		<i>12,435,142.00</i>	<i>-1,042,001.88</i>	<i>11,393,140.12</i>	<i>6,399,298.66</i>	<i>585,406.76</i>	<i>196,170.00</i>	<i>7,180,875.42</i>	<i>63</i>	<i>4,212,264.70</i>	<i>359,043.78</i>

AIA DOCUMENT G703 - APPLICATION AND CERTIFICATE FOR PAYMENT
 THE AMERICAN INSTITUTE OF ARCHITECTS 1735 NEW YORK AVENUE NW WASHINGTON DC 20006

Submitted by Email
04/23/2026

APPLICATION AND CERTIFICATE FOR PAYMENT

To (OWNER): Miron Construction
P.O. Box 509
Neenah, WI 54957-0509

Project: Tiffin Community Recreation Ce
Miron

Application No: 1
Invoice No: 25590
Period To: 4/23/2026

From: Appleby & Horn Tile Co.
128 31st St. NE
Cedar Rapids, IA 52402

Via (Architect):

Architect's Project No: 250120

Contract Date:

CONTRACTOR'S APPLICATION FOR PAYMENT

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

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Approved previous months	0.00	0.00
Approved this month	0.00	0.00
TOTALS	0.00	0.00
Net change by change orders	0.00	

1. ORIGINAL CONTRACT SUM	\$	37,673.00
2. Net change by Change Orders	\$	0.00
3. CONTRACT SUM TO DATE (LINE 1+/-2)	\$	37,673.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)	\$	5,665.00
5. RETAINAGE	\$	283.25
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5)	\$	5,381.75
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	0.00
8. SALES TAX	\$	0.00
9. CURRENT PAYMENT DUE	\$	5,381.75
10. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)	\$	32,291.25

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 payment received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Appleby & Horn Tile Co.
By: [Signature] Date: 4/23/26

State of: Iowa County of: Linn
Subscribed and sworn to before me this 23 day of April, 2026
Notary Public: [Signature]
My Commission expires:



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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.....\$
(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:

By _____ Date _____
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.

CONTINUATION SHEET

APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached.

Application Number: 1
 Application Date: 4/23/2026
 Period To: 4/23/2026
 Architect's Project No: 250120

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK BILLED FROM PREV APPLICATION (D+E+F)	WORK BILLED THIS PERIOD	MATERIALS STORED THIS PERIOD	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)	BALANCE TO FINISH (C-G)	RETAINAGE
10	Resilient & Carpet Material	14,663.00	0.00	0.00	5,665.00	5,665.00	39	8,998.00	283.25
20	Resilient & Carpet Labor	6,947.00	0.00	0.00	0.00	0.00	0	6,947.00	0.00
30	Ceramic Material	7,423.00	0.00	0.00	0.00	0.00	0	7,423.00	0.00
40	Ceramic Labor	8,640.00	0.00	0.00	0.00	0.00	0	8,640.00	0.00
		37,673.00	0.00	0.00	5,665.00	5,665.00	15	32,008.00	283.25



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/23/2026

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 TrueNorth PO Box 1863 500 First Street SE Cedar Rapids IA 52406-1863	CONTACT NAME: TrueNorth Risk Management PHONE (A/C No. Ext): 319-366-2723 FAX (A/C No.): 877-810-6374 E-MAIL ADDRESS: certs@truenorthcompanies.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: United Fire & Casualty Company NAIC # 13021	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 939183052 **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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	60468948	11/1/2025	11/1/2026	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			60468948	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 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 type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			60468948	11/1/2025	11/1/2026	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> 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	Y	30305010	11/1/2025	11/1/2026	<input checked="" type="checkbox"/> PER STATUTE <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	Professional Liability			60468948	11/1/2025	11/1/2026	Each Occ. 1,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 If Yes is indicated above for add'l insd forms Gen Liab #CG7201 (premises), & (completed operations), Auto Liab #(CA7109) applies. If Yes is indicated above for waiver of subrogation forms Gen Liab #CG7201, Auto Liab #CA7109 and WC #WC000313 04/84 applies. Coverage is extended for work performed and required under written contract with the above-named insured.

General Liability and Auto Liability Primary and Non-Contributory applies when under written contract.

Umbrella follows form and extends over the General Liability, Automobile Liability and Workers Compensation/Employers Liability policies.

See Attached...

CERTIFICATE HOLDER Miron Construction Co, Inc 335 French Ct SW Cedar Rapids IA 52404	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
--	--

AGENCY CUSTOMER ID: APPL&HO-01

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY TrueNorth		NAMED INSURED Appleby & Horn Tile Co. PO Box 1545 Cedar Rapids IA 52406	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Chad French is an excluded officer.
#250120 – City of Tiffin Community Recreation Center-BP#2 105 S. Park Rd, Tiffin, IA 52340 Miron Construction Co., Inc., and Sunshine Leasing, LLP, City of Tiffin, Atura Architecture, including their officers, directors and employees are listed as additional insured with regards to the General Liability while under written contract or agreement. Waiver of subrogation applies to the General Liability and Workers Compensation. Umbrella follows form. 30-day notice of cancellation applies.

Stored materials in the amount of: \$5,665.00



Miron Construction Co., Inc.
REQUEST FOR PAYMENT

Submitted Via Email
04/02/2026

DATE: 02/17/2026
PROJECT NAME: City of Tiffin Community Recreation Center
ADDRESS: Tiffin, IA
CONTRACT FOR: FI-10.11/Building Signage
MIRON PROJECT: 250120 **CONTRACT #:** 250120-000024 **VENDOR #:** 00017426
REQUEST NUMBER: _____ **PERIOD FROM:** _____ **TO:** _____
INVOICE NUMBER: _____ **INVOICE DATE:** _____

ORIGINAL CONTRACT AMOUNT		\$ 84,100.00
APPROVED CHANGE ORDERS AS OF	02/17/2026	\$ 16,200.00
ADJUSTED CONTRACT AMOUNT		\$ 100,300.00
TOTAL COMPLETED TO DATE		_____
PREVIOUS REQUESTS FOR PAYMENT		<i>N/A</i>
TOTAL EARNED THIS REQUEST		_____
LESS % RETAINAGE		_____
CURRENT PAYMENT DUE		<i>\$50,150</i>

VENDOR: MediaQuest Signs
SIGNED: *Tyler Hanson*
TITLE: *Tyler Hanson*

*** REQUESTS WILL NOT BE PROCESSED UNTIL THEY ARE SUBMITTED TO MIRON VIA E-MAIL IN A PDF FORMAT TO ACCOUNTSPAYABLE@MIRON-CONSTRUCTION.COM OR ORIGINALS ARE RECEIVED IN OUR CORPORATE OFFICE: PO BOX 509 NEENAH, WI 54957-0509. FAX COPIES WILL NOT BE ACCEPTED.

EACH PAY REQUEST MUST INCLUDE AN UP TO DATE SCHEDULE OF VALUES, INCLUDING SUB TIER SUPPLIER/CONTRACTOR BREAKDOWN AND CURRENT PAYMENT STATUS. CHANGE ORDERS ISSUED TO DATE MUST BE REFLECTED ON THE CURRENT SCHEDULE OF VALUES.

SUBCONTRACTOR SCHEDULE OF VALUES

PROJECT:	City of Tiffin Community Recreation Center
VENDOR:	MediaQuest Signs
CONTRACT NO.:	250120-000024
APPLICATION DATE:	4/2/2020
PAYMENT APPLICATION NO.	

ITEM NO. (A)	DESCRIPTION OF WORK (B)	SCHEDULED VALUE (C)	PREVIOUS APPLICATION (D)	WORK COMPLETED		TOTAL COMPLETED AND STORED TO DATE		RETAINAGE % (I)	BALANCE TO FINISH (J)
				THIS APPLICATION (E)	MTRL STORED THIS APPLICATION (F)	(G)	(H)		
001	Tiffin City Logo Cabin	\$ 47,000.00				23500			23500
002	Large T Halo Lit With	\$ 17,500.00				8750			8750
003	TCRC Halo Lit Letters	\$ 17,500.00				8750			8750
004	Stock ADA Signs	\$ 1,300.00				650			650
005	Custom ADA Signs	\$ 800.00				400			400
PCI0013	ASI-07 Fire Marshal Mo	\$ 1,400.00				700			700
PCI0024	Add backing panel to t	\$ 14,800.00				7400			7400
	Total:	\$ 100,300.00							



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DATE (MM/DD/YYYY)
04/06/2026

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 Brian Berg c/o FBL Financial Group Inc. 1323 Boyson Rd Hiawatha, IA 52233-2210	CONTACT NAME: Brian Berg PHONE (A/C No. Ext): (319) 393-8318 E-MAIL ADDRESS: BRIAN.BERG@FBFS.COM	FAX (A/C No):	
	INSURER(S) AFFORDING COVERAGE INSURER A: Farm Bureau Property & Casualty Insurance Company		NAIC # 13773
INSURED MEDIAQUEST SIGN COMPANY, LLC MEDIAQUEST SIGNS 5100 20TH AVE SW CEDAR RAPIDS, IA 524044875	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CPP6023084	01/14/2026	01/14/2027	EACH OCCURRENCE	\$ 100000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
							MED EXP (Any one person)	\$ 5000
							PERSONAL & ADV INJURY	\$ 100000
							GENERAL AGGREGATE	\$ 200000
							PRODUCTS - COMP/OP AGG	\$ 200000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CPP6023084	01/14/2026	01/14/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 100000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CU 0001931	01/14/2026	01/14/2027	EACH OCCURRENCE	\$ 500000
							AGGREGATE	\$ 500000
								\$
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 <input checked="" type="checkbox"/> N	N/A <input checked="" type="checkbox"/>	WC 6005989	01/14/2026	01/14/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 100000
							E.L. DISEASE - EA EMPLOYEE	\$ 100000
							E.L. DISEASE - POLICY LIMIT	\$ 100000

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

PROJECT #250120 CITY OF TIFFIN COMMUNITY RECREATION CENTER BP#2 INC MISC SUPPLY WORK AT LOCATION 5100 20TH AVE SW CEDAR RAPIDS IA 52404- STORED MATERIAL \$50,150

MIRON CONSTRUCTION CO, SUNSHINE LEASING LLP, CITY OF TIFFIN, AURA ARCHITECTURE ARE IS LISTED AS ADDITIONAL INSURED WITH WAIVER OF SUBROGATION, ON PRIMARY AND NONCONTRIBUTORY, ONGOING AND COMPLETED OPERATIONS- PER PROJECT ON GENERAL LIABILITY AND GOVERNMENTAL IMMUNITIES-CITY OF TIFFIN- 30 DAY CANCELLATION

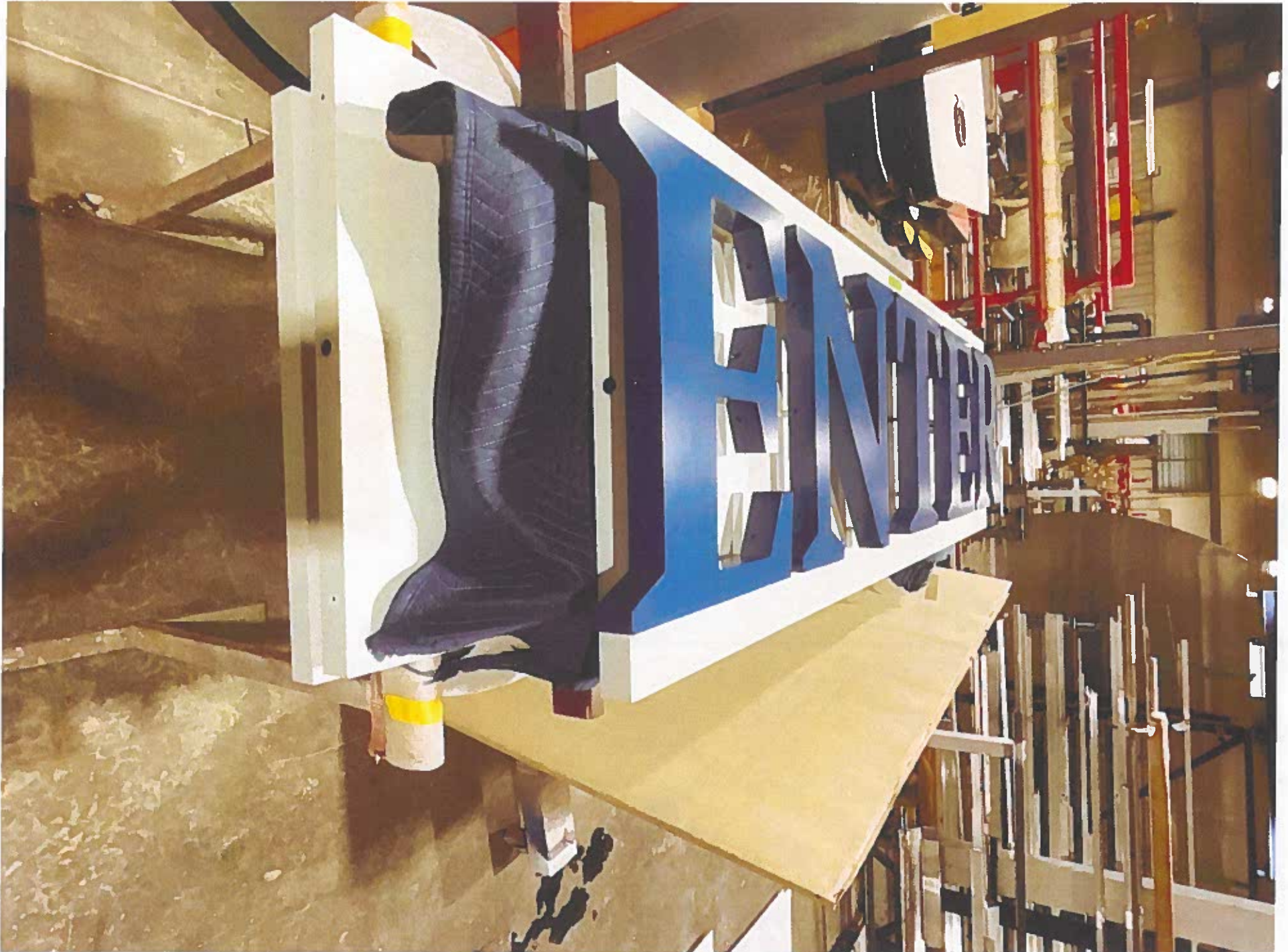
CERTIFICATE HOLDER

CANCELLATION

MIRON CONSTRUCTION CO, INC 335 FRENCH CT SW CEDAR RAPIDS , IA 52404	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 Jon Swartz, Underwriting Vice President













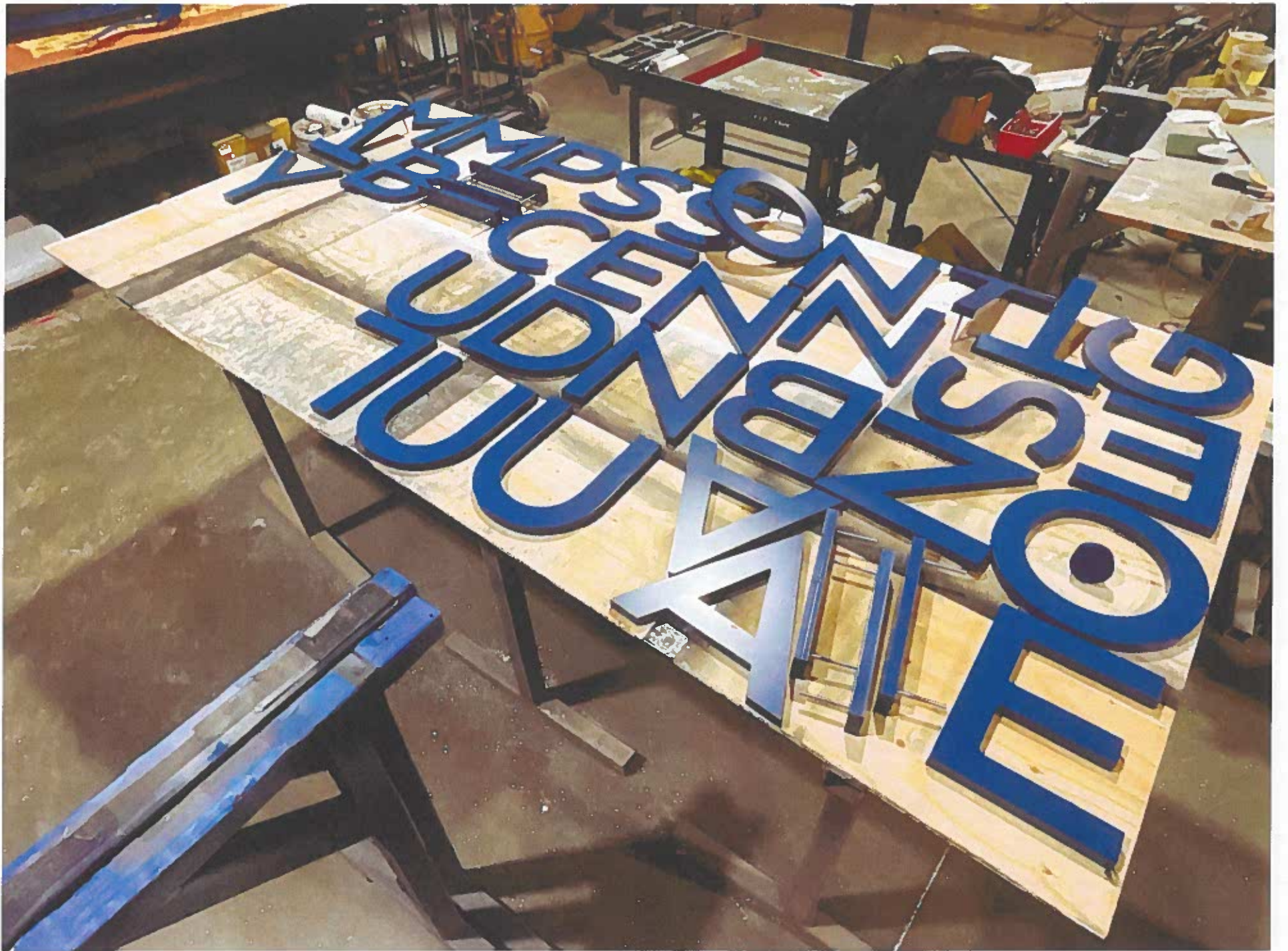






**STUDIO
ROOM 1**











AIA Document G702™ – 1992

Application and Certificate for Payment

TO OWNER: Miron Construction 1471 McMahon Drive Neenah, WI 54956	PROJECT: City Of Tiffin Comm Rec Cntr 105 S. Park Road Tiffin, IA 52340	APPLICATION NO: #2 PERIOD TO: 4/30/26 CONTRACT FOR: CONTRACT DATE: 11/19/24 PROJECT NOS: 250120 000026 /	Distribution to: OWNER <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> FIELD <input type="checkbox"/> OTHER <input type="checkbox"/>
FROM CONTRACTOR: Phillips' floors Inc. 1605 N 9th Street Indianola, IA 50125	VIA ARCHITECT: Autura		

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.

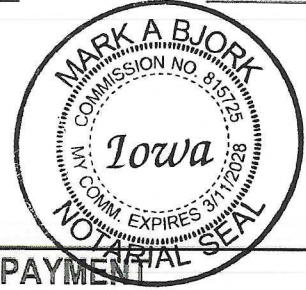
1. ORIGINAL CONTRACT SUM	\$ 266,500.00
2. Net change by Change Orders	\$ 1,050.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$ 267,550.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$ 148,875.00
5. RETAINAGE:	
a. 5 % of Completed Work (Column D + E on G703)	\$ _____
b. 5 % of Stored Material (Column F on G703)	\$ 7,443.75
Total Retainage (Lines 5a + 5b or Total in Column I of G703).....	\$ 7,443.75
6. TOTAL EARNED LESS RETAINAGE	\$ 141,431.25
(Line 4 Less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$ 777.10
(Line 6 from prior Certificate)	
8. CURRENT PAYMENT DUE	\$ 140,654.15
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 126,118.75

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: Mark Phillips Date: 4/19/2026
 By: _____

State of: Iowa
 County of: Warren
 Subscribed and sworn to before me this 19th day of April

Notary Public: Mark A. Bjork
 My Commission expires: 3/11/28



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 \$ _____
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:
 By: _____ Date: _____

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.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	\$ 0.00
Total approved this Month	\$ 1,050.00	\$
TOTALS	\$	\$
NET CHANGES by Change Order	\$ 1,050.00	

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.



Miron Construction Co., Inc. REQUEST FOR PAYMENT

DATE: 02/17/2026
PROJECT NAME: City of Tiffin Community Recreation Center
ADDRESS: Tiffin, IA
CONTRACT FOR: FI-09.66_32.18/Resilient Athletic Flooring_Turf Surfacing
MIRON PROJECT: 250120 **CONTRACT #:** 250120-000026 **VENDOR #:** 00017926
REQUEST NUMBER: #2 **PERIOD FROM:** 4/1/2026 **TO:** 4/30/26
INVOICE NUMBER: #2 **INVOICE DATE:** 4/19/2026

ORIGINAL CONTRACT AMOUNT		\$ 266,500.00
APPROVED CHANGE ORDERS AS OF	02/17/2026	\$ 1,050.00
ADJUSTED CONTRACT AMOUNT		\$ 267,550.00
TOTAL COMPLETED TO DATE		\$148,875.00
PREVIOUS REQUESTS FOR PAYMENT		\$777.10
TOTAL EARNED THIS REQUEST		\$148,097.90
LESS % RETAINAGE		\$7,443.75
CURRENT PAYMENT DUE		\$140,654.15

VENDOR: Phillips Floors Inc
SIGNED: *Mark A. Bjork*
TITLE: Mark A. Bjork-Vice President

*** REQUESTS WILL NOT BE PROCESSED UNTIL THEY ARE SUBMITTED TO MIRON VIA E-MAIL IN A PDF FORMAT TO ACCOUNTSPAYABLE@MIRON-CONSTRUCTION.COM OR ORIGINALS ARE RECEIVED IN OUR CORPORATE OFFICE: PO BOX 509 NEENAH, WI 54957-0509. FAX COPIES WILL NOT BE ACCEPTED.
 EACH PAY REQUEST MUST INCLUDE AN UP TO DATE SCHEDULE OF VALUES, INCLUDING SUB TIER SUPPLIER/CONTRACTOR BREAKDOWN AND CURRENT PAYMENT STATUS. CHANGE ORDERS ISSUED TO DATE MUST BE REFLECTED ON THE CURRENT SCHEDULE OF VALUES.

Phillips' Floors Incorporated
 1605 N. 9th Street,
 Indianola, Iowa 50125



SCHEDULE OF VALUES and Custom AIA G703

Project:	City of Tiffin Community recreation Center	Application #	#2R
Project Address:	105 s. Park Road, Tiffin, IA 52340	App Date:	4/19/26
General Contractor/Construction Mgr:	Miron Construction	Period to:	4/30/26
Via Architect:	Autura	Project #:	250120-000026
		Retainage	0.05

B	C	Work Completed		F	G		H	I
Description	Scheduled Value	From Previous Application (D+E)	This Period	Presently Stored Material(not in DorE)	Total Completed Stored to date(D+E+F)	% Complete	Balance to Finish	Retainage Balance
096566 RAF AF-1 & AF-2								
Material	\$ 78,635.00	\$ 743.00	\$ -	\$ 77,892.00	\$ 78,635.00	100%	\$ -	\$ 3,931.75
Material Handling and Storage	\$ 7,777.00	\$ 75.00	\$ 7,702.00	\$ -	\$ 7,777.00	100%	\$ -	\$ 388.85
Labor	\$ 49,968.00	\$ -	\$ -	\$ -	\$ -	0%	\$ 49,968.00	\$ -
096566 AF-3								
Material	\$ 40,167.00	\$ -	\$ -	\$ 36,633.00	\$ 36,633.00	91%	\$ 3,534.00	\$ 1,831.65
Material Handling and Storage	\$ 3,973.00	\$ -	\$ -	\$ -	\$ -	0%	\$ 3,973.00	\$ -
Labor	\$ 46,480.00	\$ -	\$ -	\$ -	\$ -	0%	\$ 46,480.00	\$ -
096266 Turf								
Material	\$ 25,788.00	\$ -	\$ -	\$ 24,780.00	\$ 24,780.00	96%	\$ 1,008.00	\$ 1,239.00
Material Handling and Storage	\$ 5,282.00	\$ -	\$ -	\$ -	\$ -	0%	\$ 5,282.00	\$ -
Labor	\$ 8,430.00	\$ -	\$ -	\$ -	\$ -	0%	\$ 8,430.00	\$ -
CO #002-Drop Zone Color Change								
Material	\$ 1,050.00	\$ -	\$ -	\$ 1,050.00	\$ 1,050.00	100%	\$ -	\$ 52.50
Material Handling and Storage	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ -
Labor	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ -
3-Contract Total								
	\$ 267,550.00	\$ 818.00	\$ 7,702.00	\$ 140,355.00	\$ 148,875.00	56%	\$ 118,675.00	\$ 7,443.75

Material and Storage and Handling	\$162,672	Stored	\$ 7,017.75
Labor	\$104,878	Completed	\$ 426.00

1-Original Contract Amount	\$266,500.00
2-Change Orders	\$1,050.00
4-Line G Total	\$148,875.00
5a&5b-Retainage	\$7,443.75
6-Complete total minus retainage	\$141,431.25
7-Previously Invoiced	\$777.10
8-Total due this period	\$140,654.15
9-Balance remaining with retainage	\$126,118.75



Month of Pay Request:

Phillips Floors Inc Subcontractor/Supplier Contract List

iron Project Name: City of Tiffin Community Recreation Center Miron Project #: 250120

Contract #: 250120-000026 Contract Amount: \$ 266,500.00

	Sub-tier Name	PO#	Material Description	Address	Phone #	Original Sub-tier Contract / Estimate Amount	Previous Payments	Requested Payment for this month's billing	Balance Remaining	Lien Waiver Rec'd
1	Hanks Specialty	202051-3	Floor Accessories	2050 Old HWY 8 NW New Brighton MN	6516335020	734.34	734.34	0	0	no
2	FieldTurf	202051-5&6	AF-1-2-3, and Turf	175 North Industrial Rd Cahoon GA		141,408.67	0	140,355.00	1,053.67	No
3										
4										
5										
6										
7										
8										
9										
0	Labor, Misc Material, etc.									
						TOTAL:	\$743.00	\$140,355.00	\$1,053.67	\$

Change Orders (at option of Miron's Project Manager)

1										
2										
3										
4										
						TOTAL:	\$	\$	\$	\$

Please email completed form to: elissa.watson@miron-construction.com

Please provide a detailed breakdown showing the amount to be paid to each sub-tier (subcontractor or supplier) on all pay requests. This information should also be identified on your Schedule of Values. In addition, we ask that you provide Lien Waivers from your sub-tiers. If for any reason lien waivers are not received and payment has not been met, Miron will hold future payments due to your company until it is confirmed that the previous pay requests have been paid out.

SWORN STATEMENT TO OWNER AND MIRON CONSTRUCTION CO., INC.

State of Iowa
County of Warren

Matt Phillips (Name) being first duly sworn, under oath says that he/she is President (Title) of Phillips Floors Inc that has a PSA dated August 21, 2025, with Miron Construction Co., Inc. for Athletic Flooring and Turf (Work Type) on the City of Tiffin Community Recreation Center Project, and that:

For the purposes of this Payment Application, certain Subcontractor and/or Supply Agents have contracted with Phillips Floors Inc to furnish labor and/or materials on the Project. That there is due and to become due Phillips Floors Inc and them, respectively, the amounts set forth opposite the names on the Payment Application Form for labor and/or materials as listed. That this statement and the attached Payment Application Form are full, true and complete statements of all such Subcontractor and/or Supply Agents, the amounts paid and the amounts due or to become due to Phillips Floors Inc and each Subcontractor and/or Supply Agent listed.

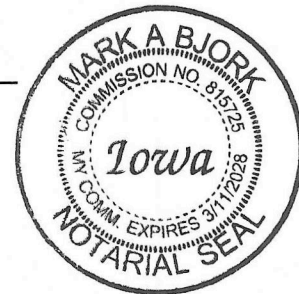
Signed: Matt Phillips

Subscribed and sworn to before me this 19th day of April, 2026.

Signed: Mark A. Bjork Notary Public
Mark A. Bjork
(Print Name)

My Commission expires: 3/11/2028

Notary Seal or Stamp:



THIS NOTARIZED FORM MUST BE ATTACHED TO EACH PAYMENT APPLICATION FORM AND RETURNED WITH ALL APPLICABLE SIGNED AND NOTARIZED LIEN WAIVERS.

FAILURE TO ABIDE BY THESE TERMS WILL RESULT IN DELAY OR REDUCTION IN REQUESTED PAYMENT.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/25/2025

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 Phillips Stafford Insurance Group 809 8th St SW Suite D Altoona IA 50009		CONTACT NAME: Josh Stafford PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: jstafford@phillipsstafford.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Columbia National Insurance	NAIC # 19640
		INSURER B: Columbia Insurance Company	40371
		INSURER C: Philadelphia Contributorship	17914
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Phillips' Floors, Inc 1605 N 9TH ST Indianola IA 50125			

COVERAGES

CERTIFICATE NUMBER: CL2582510018

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	CMPIA2000025839	07/01/2025	07/01/2026	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
B	<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	Y	CAPIA2000025839	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUPIA2000025839	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000
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	WCPIA2000025839	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Employment Practices Liability			PHSD1873493-001	07/01/2025	07/01/2026	Employment Practices \$1,000,000


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

Project: 250120; City of Tiffin Community Recreation Center; 105 S Park Road, Tiffin, IA 52340

Miron Construction Co., Inc., and Sunshine Leasing, LLP, City of Tiffin, Atura Architecture, including their officers, directors, and employees, and all other parties required by the Prime Contract are named as additional insured on the general liability for ongoing and completed operations, auto and umbrella policies on a primary and non-contributory basis.

Waiver of subrogation applies to same parties on the general liability, auto, workers compensation and umbrella policies.

CERTIFICATE HOLDER**CANCELLATION**

City of Tiffin & Miron Construction Co., Inc. 335 French CT. Cedar Rapids IA 52404	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 
--	--

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AGENCY CUSTOMER ID: 00005714

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Phillips Stafford Insurance Group		NAMED INSURED Phillips Floors Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

30 day notice of cancellation applies in favor of certificate holder.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/25/2025

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

AGENCY Phillips Stafford Insurance Group 809 8th St SW Suite D Altoona IA 50009		PHONE (A/C, No, Ext): 		COMPANY Columbia National Insurance P O Box 618 Columbia MO 65205	
FAX (A/C, No): 18780		E-MAIL ADDRESS: jstafford@phillipsstafford.com			
CODE: 18780		SUB CODE: 18780			
AGENCY CUSTOMER ID #: 00005714					
INSURED Phillips Floors Inc 1605 N 9th St Indianola IA 50125-4835		LOAN NUMBER 		POLICY NUMBER CMPIA2000025839	
		EFFECTIVE DATE 07/01/2025		EXPIRATION DATE 07/01/2026	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 1605 N 9th St Indianola IA 50125-4835 Loc# 00001/Bldg# 00001	
---	--

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

 SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Personal Property, Replacement Cost, Special form

267,869

2,500

REMARKS (Including Special Conditions)

Project: 250120; City of Tiffin Community Recreation Center; 105 S Park Road, Tiffin, IA 52340

Location Stored: 1605 N 9th St, Indianola, IA 50125


Materials Stored: RAF, AF, and Turf

Materials Value: 117,482.00

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.

ADDITIONAL INTEREST

NAME AND ADDRESS City of Tiffin & Miron Construction Co., Inc. 335 French CT. Cedar Rapids IA 52404	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> Additional interest	
	LOAN # 		
AUTHORIZED REPRESENTATIVE 			

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured motorist combined single limit	UMCSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
	Products/Completed Ops Aggregate	PRDCO		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
8,000,000	8,000,000			Premium
	Adjst. to reconcile-exp mod. premium	AREM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$7,866.00
	Increased employer's liability	INEL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$445.00
	Blkt Wvr XFR RR Oth to Us	BLKWV		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$500.00
	Expense constant	EXCNT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$160.00
	Catastrophe	CATAS		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$206.00
	Premium discount	PDIS		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$2,146.00
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium



THE ULTIMATE
SURFACE EXPERIENCE

Invoice	
Invoice #	000739190
Invoice Date	04/08/26
Order #	210226
Order Date	12/22/25
Salesperson	THOMAS BREUER
Customer #	40222

Fieldturf USA Inc.

175 North Industrial Blvd.
Calhoun, GA

Please Remit Payments to:

7445 Côte-de-Liesse Road, Suite 200
Montreal, Quebec
H4T 1G2

Customer : PHILLIPS' FLOORS INC.
1605 N 9TH ST
INDIANOLA, WARREN IA 50125
USA

Shipping address : PHILLIPS' FLOORS INC.
1605 N 9TH ST
INDIANOLA, WARREN IA 50125
Beth (515) 961-7300

Telephone : (515) 961-7300

Customer purchase order no	Ship Via	F.O.B	Terms
PF-202051-5	TQL LOGISTICS		NET 30

Item Number	Unit	Order Quantity	Ship Quantity	Backorder Quantity	Unit price	Price UOM	Gross amount
04-00210226	EA	10.000	10.000	0.000	2089.333	EA	20893.33

Tiffin Comm Rec Center

Tiffin Comm Rec Center FIT

Whse: 01

Lot : 210226FL01 1.000

Serials :
210226FL01

Lot : 210226FL02 1.000

Serials :
210226FL02

Lot : 210226FL03 1.000

Serials :
210226FL03

Lot : 210226FL04 1.000

Serials :
210226FL04

Lot : 210226FL05 1.000

Serials :
210226FL05

Lot : 210226FL06 1.000

Serials :
210226FL06

Lot : 210226FL07 1.000

Serials :
210226FL07

Lot : 210226FL08 1.000

Serials :
210226FL08

Lot : 210226FL09 1.000

Serials :
210226FL09

Lot : 210226FL10 1.000

Serials :
210226FL10

Serial numbers:

1285183	EACH	3	3	0	165.000	EACH	495.00
		3.00	3.00	0.00	165.00		

Customer : PHILLIPS' FLOORS INC.
 1605 N 9TH ST
 INDIANOLA, WARREN IA 50125
 USA

Shipping address : PHILLIPS' FLOORS INC.
 1605 N 9TH ST
 INDIANOLA, WARREN IA 50125
 Beth (515) 961-7300

Telephone : (515) 961-7300

Customer purchase order no	Ship Via	F.O.B	Terms
PF-202051-5	TQL LOGISTICS		NET 30

Item Number	Unit	Order Quantity	Ship Quantity	Reorder Quantity	Unit price	Price UOM	Gross amount
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WELDING ROD 5 MM GREY **Whse:** 01

Serials :

CTI_WR0204

Serial numbers:

1538708TARK	KIT	113.000	113.000	0.000	169.000	KIT	19097.00
		113.00	113.00	0.00	169.00		

TARKETT MULTI-POXY ADHESIVE 2GAL PAIL

Whse: 01

Serials :

96204

96205

96206

Serial numbers:

HPL 5 mm with scrim	SQF	7671.250	7671.250	0.000	2.340	SQF	17950.73
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HPL 5 mm with scrim

Whse: 01

Serials :

96115

96116

96117

96118

96119

Serial numbers:

3917009	SQF	7833.280	7833.280	0.000	2.330	SQF	18251.54
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Customer : PHILLIPS' FLOORS INC.
 1605 N 9TH ST
 INDIANOLA,WARREN IA 50125
 USA

Shipping address : PHILLIPS' FLOORS INC.
 1605 N 9TH ST
 INDIANOLA,WARREN IA 50125
 Beth (515) 961-7300

Telephone : (515) 961-7300

Customer purchase order no	Ship Via	F.O.B.	Terms
PF-202051-5	TQL LOGISTICS		NET 30

Item Number	Unit	Order Quantity	Ship Quantity	Backorder Quantity	Unit price	Price UOM	Gross amount
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OMNISPORTS COMPACT GREY

Whse: 01

Lot : 105501401 520.000

Serials :

- S620011636
- S620011638
- S620011639
- S620011640
- S620011655
- S620011656
- S620011657
- S620011658
- S620011659
- S620011660

Lot : 105501402 208.000

Serials :

- S620011695
- S620011696
- S620011701
- S620011702

Serial numbers:

NOTES

Total gross	:	76687.60
Total discount	:	0.00
Total freight	:	0.00
Misc charges	:	0.00
Total tax	:	0.00
Total net amount	:	76687.60

Please make cheque PAYABLE to: Fieldturf USA Inc.

Phillips Floors, Inc
1605 N 9th St, Indianola, IA 50125

www.phillipsfloors.com
scottl@phillipsfloors.com

Phone: (515) 961-7300 Fax: (515) 961-9842

*Revised
Partial*

PO Number
PF-202051-5

Date: 12/16/2025

Salesman: Steve Whitson

Vendor Information	Job Details	Shipping Details
Name: FieldTurf Phone: (800) 724-2969 Address: 175 North Industrial Blvd Northeast, Calhoun, GA 30701	Customer: - Miron Construction Co., Inc. Job Name: Tiffin Community Recreation Center Address: 1 Corner of South Park RD and Historic HWY US 6, Tiffin, IA 52340	Ship To: Warehouse - Main Location Address: 1605 North 9th St, Indianola, IA 50125 Ref. #: Waiting For Eta

Item Name	Description	Style	Color	Unit Cost	Quantity	Total
Tarkett PolyTurf Plus 7+2 Color Deep Blue 1200-0111	color Deep Blue 1200-0111			\$4.51	8,000.00 SqFt(s)	\$36,080.00
		<i>21 ROLLS 4-17-26 RK</i>				<i>36,063.89</i>
Weld Rod Color Gray	328 LF per roll			\$165.00	3.00 EA(s)	\$495.00
					<i>1A2</i>	<i>✓</i>
Tarkett Dropzone Comfort 4'0" Color Raiders DZ503 10MM 20% Color	color Raiders DZ503			\$4.98	5,600.00 SqFt(s)	\$27,888.00
		<i>28 ROLLS 4-17-26 RK</i>				<i>✓</i>
Tarkett HPL Rubber Pad 5MM w/ Scrim	403.75 sf per roll. Full rolls only x 19 Rolls			\$2.34	7,671.25 SqFt(s)	\$17,950.73
					<i>Row 5+6</i>	<i>✓</i>
Multipoxy adhesive 2 gallon kit	225 SF per pail			\$169.00	90.00 EA(s)	\$15,210.00
					<i>741 1A2 1B2 96</i>	<i>✓</i>
Multipoxy Adhesive 2gallon pail	150 sf per pail			\$169.00	23.00 EA(s)	\$3,887.00
					<i>741 1A2 1B2 17</i>	<i>✓</i>
1200-0090 White Game Line Paint	150 SF per gallon			\$110.50	5.00 EA(s)	\$552.50
Tarkett Dropturf 15'0" as shown on drawing				\$20,893.33	1.00 EA(s)	\$20,893.33
					<i>Slot 17/20</i>	<i>✓</i>

Row 5+6

Row 5+6

Subtotal \$122,956.56

Total Amount \$122,956.56

*RWD
4-17-27
4B*

210226

*Ship date
4-6-26*

Phillips' FLOORS

Order

Added to 202051-5

PO Number
PF-202051-6

Date: 12/22/2025

Salesman: Steve Whitson

Phillips Floors, Inc
1605 N 9th St, Indianola, IA 50125

www.phillipsfloors.com
scottl@phillipsfloors.com

Phone: (515) 961-7300 **Fax:** (515) 961-9842

Vendor Information	Job Details	Shipping Details
Name: FieldTurf Phone: (800) 724-2969 Address: 175 North Industrial Blvd Northeast, Calhoun, GA 30701	Customer: - Miron Construction Co., Inc. Job Name: Tiffin Community Recreation Center Address: 1 Corner of South Park RD and Historic HWY US 6, Tiffin, IA 52340	Ship To: Warehouse - Main Location Address: 1605 North 9th St, Indianola, IA 50125 Ref. #: Waiting For Eta <i>in ARE 9 16</i>

Item Name	Description	Style	Color	Unit Cost	Quantity	Total
Tarkett Compact 2.0 color Gray	494.96 sf per roll. Full rolls only x 16 rolls			\$2.33	7,919.36 SqFt(s)	\$18,452.11
					<i>14 Rolls</i>	
Subtotal						\$18,452.11
Total Amount						\$18,452.11

2 10 226

*Under #16 North wall
x 14 Rolls
HL*

Print PDF

Send Email

Close

