

**MEETING NOTICE:  
CEMETERY BOARD FOR VILLAGE OF WINNECONNE**

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If you prefer to join the meeting from your computer, tablet or smartphone, you may do so by navigating to <https://www.gotomeet.me/Winneconne/public-works>. You may also participate by phone by dialing [+1 \(872\) 240-3311](tel:+18722403311) and entering access code 923-919-781.

**AGENDA FOR:**

**Thursday, April 8, 2021 @ 3:00 p.m. at Village Hall Municipal Center – Annex Room, to consider;**

Call to Order  
Public Participation  
Communications  
Approve Minutes from January 14, 2021  
Operations Report – DPW Kirk Ruetten

**Old Business**

Tree Removal and Stump Removal prices  
- Discussion  
- Recommendation

**New Business**

CIP or Long-term Improvements  
- Discussion  
- Recommendation

**Confirm next meeting date and adjourn**

Kirk Ruetten  
Public Works Director

Pursuant to WI State Statute 985.02(1)(b); notice is hereby given that Village Board Members may also be present at this meeting for informational purposes.

**MEETING MINUTES:  
CEMETERY BOARD**

**January 14, 2021**

**3:00 p.m.**

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Cemetery Board meeting was called to order by Trustee Mashak at 10:17 a.m.  
Roll Call: Metzsig, Foster, Mashak. and Angell.  
Absent: Fisher

Public Participation – None

Communications – None

**Approve Minutes from November 12, 2020**

MOTION by Foster, seconded by Metzsig, to approve the Cemetery Board minutes from November 12, 2020 minutes as presented. Carried by voice vote.

**Operations Report – DPW Kirk Ruetten**

- Trimmed some trees.
- Plowed snow.
- Marked four full burials and two marker permits.

**Old Business**

Tree Removal and Stump Removal prices

- Discussion
  - o Reached out to a couple of contractors – hoping to get better price.
    - Hope to hear back from them next week.

**New Business**

Request for Above Ground Mausoleum (Albright)

- Discussion
  - o Reviewed request from Fred Albright to place an above ground mausoleum in the John White Memorial Addition.
  - o Ordinance changed to allow above ground burials – however cemetery board needs to approve the materials for the mausoleum.
    - Presented diagram of proposed mausoleum
      - 6'9" x 8'5' and around 37" tall.
      - Foundation will be 4 feet deep.

Recommendation

MOTION by Foster, seconded by Mashak, to approve the Albright mausoleum request as presented. Carried by voice vote.

MOTION by Metzsig, seconded by Foster, to adjourn subject to call.  
(Reminder: if a meeting is necessary it will be the 2<sup>nd</sup> Thursday of the month at 3:00 p.m.)

Jacquie Stelzner, Secretary  
Winneconne Cemetery Board

Nate's Tree Care, Inc.  
 223 Alder Avenue  
 Omro, WI, 54963  
 Phone 920-540-0898



ESTIMATE		03/9/2021
To: Town of Winneconne (Brian) Cemetery Winneconne, WI 920-540-8272 pwdirector@winneconnewi.gov		
Description	Total	
1. Remove XL Ash (marked) Via Crane. Full removal of brush and logs.	\$1,800	
2. Remove Medium Ash Via Crane. Full removal of brush and logs.	\$1,400	
3. Remove 2 Ash by roadway Via Crane. Full removal of brush and logs.	\$1,000	
4. Grind and go stumps and mounds	Donate	
	Sub Total	\$4,200
	Tax	\$210
	Total	\$4,410

Nate's Tree Care, Inc. proposes to furnish material and labor – complete in accordance with the above specifications in the sum of \$\_\_\_\_\_ with payment to be made upon completion.

Any alteration or deviation from the above specifications involving extra costs will be executed only upon written order and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, weather, or delays beyond our control. Estimate may be withdrawn if not accepted within 60 days.

Respectfully submitted by \_\_\_\_\_ Date \_\_\_\_\_

*Acceptance of Estimate*

The above prices, specifications and conditions are satisfactory and are hereby accepted. You authorize Nate's Tree Care, Inc. to do the work as specified above. Payments are due at time of completion.

Signature of acceptance \_\_\_\_\_ Date \_\_\_\_\_



www.Natestreecare.com  
 Facebook.com/NatesTreeCare  
 Email: Natestreecare@yahoo.com

**Payments are due upon receipt**  
 All major credit cards accepted  
 Please make checks payable to:  
 Nate's Tree Care, Inc.

*Thank you for your business!*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/14/2021

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.

<b>PRODUCER</b> Alliance Insurance Centers, LLC 1977 American Dr Suite 200 Neenah WI 54956		<b>CONTACT NAME:</b> Debbie Wickman <b>PHONE (A/C No. Ext):</b> (920) 866-3510 <b>FAX (A/C No.):</b> (920) 866-3509 <b>E-MAIL ADDRESS:</b> dwickman@allianceinsurancecenters.com	
<b>INSURED</b> Nate's Tree Care Inc 223 Alder Ave Omro WI 54963		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Pekin Insurance	
		<b>INSURER B:</b> West Bend	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 20-21

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.

RES LTR	TYPE OF INSURANCE	ADDL RISK	SUBM WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			CL0227360	10/13/2020	10/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMER AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIREN AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			00P723563	11/22/2019	11/22/2020	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 500,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE  DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory on hire) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	A859204	11/24/2020	11/24/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased, hired, rented, borrowed equipment			CL0027360	10/13/2020	10/13/2021	Limit \$130,000 Dec \$500

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

**CERTIFICATE HOLDER****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

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