

CERTIFICATE OF LIABILITY INSURANCE

DATE (MIM/DD/YYYY) 12/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR REGATIVELY 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).

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PRODUCER FEDERATED MUTUAL INSURANCE COM		CONTACT NAME: CLIENT CONTACT CENTER						
HOME OFFICE: P.O. BOX 328		PHONE FAX (A/C, No.): 507-446-4664						
OWATONNA, MN 55060		E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM						
		INSURER(S) AFFORDING COVERAGE			NAIC#			
INSURED	207 007 4	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY INSURER B:			13935			
PROWEST BUILDING SERVICES INC		INSURER C:						
1055 SEGOVIA CIR				INSURER D:				
PLACENTIA, CA 92870-7100				INSURER E:				
	⊢	INSURER F:						
COVERAGES CER	NUMBER: 0	REVISION NUMBER: 0						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE MOUNTED WHATER								
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		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
X COMMERCIAL GENERAL LIABILITY	T	T		(MINITEDITY TYTY)	(MIMILULIYYYY)	EACH OCCURRENCE	\$1,000,000	
CLAIMS-MADE X OCCUR		1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
		1		1		MED EXP (Any one person)	EXCLUDED	
A	N	N	9911686	02/01/2022	02/01/2023	PERSONAL & ADV INJURY	\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGATE	\$2,000,000	
POLICY LIECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
OTHER: AUTOMOBILE LIABILITY	_	_						
X ANY AUTO	1					COMBINED SINGLE LIMIT (Es accident)	\$1,000,000	
A CHEDULED SCHEDULED	١.,		0044000			BODILY INJURY (Per person)		
NON-OWNED	N	N	9911686	02/01/2022	02/01/2023	BODILY INJURY (Per accident)		
AUTOS ONLY						PROPERTY DAMAGE (Per accident)		
X UMBRELLA LIAB X OCCUR		\vdash						
A EXCESS LIAB CLAIMS-MADE	N	N	9911687	02/01/2022	02/01/2023	EACH OCCURRENCE	\$3,000,000	
DED RETENTION	"		3311001	02/01/2022	02/01/2023	AGGREGATE	\$3,000,000	
WORKERS COMPENSATION						PER STATUTE OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				-	E.L. DISEASE - EA EMPLOYEE		
If yes, describe under								
DESCRIPTION OF OPERATIONS below	-					E.L DISEASE - POLICY LIMIT		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.								
CERTIFICATE HOLDER CANCELLATION								
1				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
AUTI					JTHORIZED REPRESENTATIVE			
			Muhal 6 Ken					

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