

Jensen-Sundquist Insurance Agency

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2021

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(s). CONTACT NAME:

Nicole D Bjelland

	Jensen-Sundquist Insura	PHONE (A/C, No, Ext): (715)463-2955 FAX (A/C, No): (715)463-2931 E-MAIL abdress: nbjelland@jensen-sundquist.com					
116 W. Madison Ave, P.O. Box 37			ADDRESS: nbjelland@jensen-sundquist.com				
	Grantsburg, WI 54840			INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#
				INSURER A: West	Bend		15350
INSURED				INSURER B:			
D8 Products Inc			INSURER C:				
	409 Wisconsin Ave S			INSURER D :			
Frederic, WI 54837-8956			INSURER E:				
				INSURER F :			
CO	VERAGES CEF	RTIFICATI	E NUMBER: 10004012-0	ı		REVISION NUMBER:	38
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY PECLUSIONS AND CONDITIONS OF SUCH	QUIREMEN ERTAIN, TH POLICIES.	IT, TERM OR CONDITION OF IE INSURANCE AFFORDED E . LIMITS SHOWN MAY HAVE	F ANY CONTRACT OF BY THE POLICIES DE BEEN REDUCED BY	R OTHER DOC SCRIBED HEF PAID CLAIMS	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL TH	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
Α	X COMMERCIAL GENERAL LIABILITY		A486802	10/01/2020	10/01/2021		\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 1,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		A486802	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY X SCHEDULED AUTOS					, ,	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		A486802	10/01/2020	10/01/2021	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	DED RETENTION\$	1					\$
Α	WORKERS COMPENSATION		A486820	10/01/2020	10/01/2021	X PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	4 000 000
	If yes, describe under DESCRIPTION OF OPERATIONS below						s 1,000,000
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	│ D 101, Additional Remarks Schedul	le, may be attached if mor	e space is requir	ed)	
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<u> </u>	TIFICATE LIQUED			CANCELLATION			
CEI	RTIFICATE HOLDER			CANCELLATION			
						ESCRIBED POLICIES BE CA	
~				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
(Blank)				ACCOMPANCE WITH THE POLICE PROVISIONS.			
				AUTHORIZED REPRESE	NTATIVE		
				Nicolo Bjelland (NDB)			