

ERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2015

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 nea or such endorsement(s).						
PRODUCER FEDERATED MUTUAL INSURANCE (COMPANY		CONTACT NAME: CLIENT CONTACT CENTER			
HOME OFFICE: P.O. BOX 328	SOME ANT		PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507		446-4664	
OWATONNA, MN 55060		- 1	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM			
		- 1	INSURER(S) AFFORDING COVERA	GE	NAIC#	
			INSURER A: FEDERATED MUTUAL INSURANCE COMPANY		13935	
INSURED	378-32	0.00222	INSURER B:			
UNITED INSULATORS INC 1500 W LITTLETON BLVD			INSURER C:			
#110G			INSURER D:			
LITTLETON, CO 80120			INSURER E:			
			INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 0		REVISION N	UMBER: 0		

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
А	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY JECT LOC	N	Z	9151200	11/01/2015	11/01/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,00 \$100,00 EXCLUDE: \$1,000,00 \$2,000,00
А	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS	N	Z	9151200	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000
А	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION	N	N	9151202	11/01/2015	11/01/2016	EACH OCCURRENCE AGGREGATE	\$2,000,000 \$2,000,000
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	9151201	11/01/2015	11/01/2016	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L DISEASE - POLICY LIMIT	\$500,000 \$500,000 \$500,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE							

THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.

CERTIFICATE HOLDER	CANCELLATION
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A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE HOLDERS.

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

Steller

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ACORD 25 (2010/05)

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