CERTIFICATE NUMBER:

BOLÁSONI

REVISION NUMBER:

ACORD...

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2015

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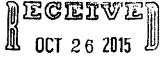
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN 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 lieu of such endorsement(s).

PRODUCER	CONTACT NAME:			
MN-COMMERCIAL LINES	PHONE (A/C, No, Ext): 612 349-2400 - FAX (A/C, No): 612 349 2490			
COBB STRECKER DUNPHY & ZIMMERMANN	E-MAIL ADDRESS:			
150 S FIFTH ST STE 2800	INSURER(S) AFFORDING COVERAGE NAIC #			
MINNEAPOLIS, MN 55402	INSURER A: Hartford Underwriters Insurance			
INSURED	INSURER B : Hartford Casualty Insurance Com 29424			
Carl Bolander & Sons Co.	INSURER C: Twin City Fire Insurance Compan 29459			
251 Starkey St	INSURER D : Hartford Fire Insurance Company 19682			
St Paul, MN 55107	INSURER E: WCRA-Work Comp Reinsurance Assn			
	INCIDED E			

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 SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3
A	X COMMERCIAL GENERAL LIABILITY			09/30/2015	09/30/2016		s 1,000,000
	CLAIMS-MADE X OCCUR	1				PREMISES (Es occurrence)	\$300,000
	X Contractual Liab Per					MED EXP (Any one person)	s 10,000
	X Policy Form and XCU		·		-	PERSONAL & ADV INJURY	s 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO-		-			PRODUCTS - COMP/OP AGG	s 2,000,000
	OTHER:		4 <u></u>				\$
D	AUTOMOBILE LIABILITY		41UENQI0435	09/30/2015	09/30/2016	COMBINED SINGLE LIMIT, (Ea accident)	\$1,000,000
]	X ANY AUTO	-				BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X AUTOS		-,			PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		41HHUQI0437	09/30/2015	09/30/2016	EACH OCCURRENCE	s5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s5,000,000
	DED X RETENTION \$10,000	1					\$
С	WORKERS COMPENSATION	 	41WEQI0436	09/30/2015	09/30/2016	X PER OTH- STATUTE ER	
Ţ	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		Employers Liab Only	in MN		E.L. EACH ACCIDENT	\$1,00 <u>0,000</u>
-	OFFICEP/MEMBER EXCLUDED?	N/A		in ND	İ	E.L. DISEASE - EA EMPLOYEE	51,000,000
1	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
E	Workers Comp		Self-Insured	01/01/2015	12/31/2015	15 Statutory Only in	
_			•	Ì		State of Minnesota	
]							

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



BY:....

CERT	IFICA	TE H	OLDER
CENT	" "		OFD !!!

Minnesota Pollution Control Tanks & Spills Section 520 Lafayette Rd St. Paul, MN 55155 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

Good labour

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Spite 170G • 400 Robert Street North-Saint Paul, MN 55101-2026 Phone 651.293.0999 • Fax 651,729,1848

2015 Certificate of Reinsurance

Policy Terms

Retention Limit: \$490,000

Coverage Period: January 1, 2015 - December 31, 2015

This certifies that the entities named below are Members of the Workers' Compensation Reinsurance Association (WCRA), and that the WCRA reinsures the Members' liability for benefits pursuant to Minn. Stat. Ch. 176 in excess of the Members' retention limit during the coverage period shown above. This certificate provides for coverage in accordance with the terms and conditions of the Reinsurance Agreement approved by the Commissioner of the Minnesota Department of Labor and Industry on December 12, 2014. This certificate shall not be valid for any portion of the period indicated below during which an entity is not a Member of the Association.

Agreement of Reinsurance

between the

WORKERS' COMPENSATION REINSURANCE ASSOCIATION

and

Carl Bolander & Sons Company (0030337)

James 9 Heer	December 17, 2014
James A. Heer, President and Chief Executive Officer	Date

WCRA

No. W-1184

STATE OF MINNESOTA



Department of Commerce

The Undersigned
COMMISSIONER OF COMMERCE
for the State of Minnesota
hereby certifies that

CARL BOLANDER & SONS CO.

has made application, paid the	fees required and in all other respects complied with the laws of the State of
Minnesota and is hereby authorize	ed to transact the business of self-insurance for liability
under the Workers!	Compensation Laws of Minnesota pursuant to
Minnesota Statutes	Sections 176.181, 79A and Minnesota Rules
	51 Starkey St., St. Paul, MN 55107



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department of Commerce, of the State of Minnesota at my office in the City of St. Paul,

Minnesota, this	_ 23rd	day of
July	, 19 9	6
	Defen-	βv
	Commissioner	r of Commerce