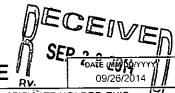


CERTIFICATE OF LIABILITY INSURANCE



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

В	ELOW. THIS CERTIFICATE OF INSURA	ANCI	E DO	ES NOT CONSTITUTE A CONT				
IN	EPRESENTATIVE OR PRODUCER, AN IPORTANT: If the certificate holder is te terms and conditions of the policy, or	an A	רומסו	TIONAL INSURED, the policy(ie	es) must be en ment. A state	dorsed. If S ment on this	UBROGATION IS WAIVED, s certificate does not confe	subject to r rights to the
	ertificate holder in lieu of such endors							
	DUCER GRIFF, SEIBELS & WILLIAMS, INC.		NAME	CONTACT Cathy Weichler				
P.O. Box 10265					PHONE (AIC, No, Ext): 800-476-2211 FAX (AIC, No):			
Birm	ningham, AL 35202	ል ነ	E-MAI ADDR	E-MÁIL ADDRESS: cwei@mcgriff.com				
		1 0 1			INSURER(S) AFFORDING COVERAGE			NAIC#
				INSUF	RER A :Houston S	pecialty Insurar	nce Company	12936
INSURED				INSU	INSURER B : Imperium Insurance Company			35408
Carl Bolander & Sons Co. 251 Starkey Street				INSUE	INSURER C :American Guarantee and Liability Insurance Company			26247
	Paul, MN 55107				RER D :			
				1	RER E :			
				•	RER F :			
CO	VERAGES CER	rific	ΔTF	NUMBER:6WQ9QGD6	<u> </u>		REVISION NUMBER:	
Tı	HIS IS TO CERTIFY THAT THE POLICIES OF	- INS	URAN	ICE LISTED BELOW HAVE BEEN	ISSUED TO THE	INSURED NA	MED ABOVE FOR THE POLIC	Y PERIOD
CI EX	IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH F	JIREI TAIN POLIC	MENT , THE CIES.	, TERM OR CONDITION OF ANY (INSURANCE AFFORDED BY THE LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR P POLICIES DES REDUCED BY F	OTHER DOCU CRIBED HERE PAID CLAIMS.	IMENT WITH RESPECT TO WH	IICH THIS
INSR LTR	TYPE OF INSURANCE	INSR	SÜBR WVD	I POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY			CON88012403	09/30/2014	09/30/2015	EACH OCCURRENCE S	1,000,000
	X COMMERCIAL GENERAL LIABILITY]				DAMAGE TO RENTED PREMISES (Ea occurrence) S	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person) S	5,000
-	X Deductible: \$1,000 Per Claim			<u>'</u>			PERSONAL & ADV INJURY S	, 1,000,000
				· ·			GENERAL AGGREGATE \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		١.			[.	PRODUCTS - COMP/OP AGG S	2,000,000
	POLICY X PRO-			÷			. s	
В	AUTOMOBILE LIABILITY			IERD0100100001	09/30/2014	09/30/2015	COMBINED SINGLE LIMIT (Ea accident) S	1,000,000
	X ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED			İ			PROPERTY DAMAGE S	
	X HIRED AUTOS X AUTOS				ł		(Per accident) S	
С	UMBRELLA LIAB X OCCUR		 	AUC91396708	09/30/2014	09/30/2015	EACH OCCURRENCE S	10,000,000
	- CCCOR		Ì				AGGREGATE \$	10,000,000
	1 - 1 - 1 - 1 - 1 - 1 - 1			ŀ			AGGREGATE	
Α	DED RETENTION \$		<u>;</u>	EMPLOYERS LIABILITY ONLY CON88012403	09/30/2014	09/30/2015	WC STATU- V OTH-	
	AND EMPLOYERS' LIABILITY Y/N			CON88012403	33/33/23			1,000,000
	ANY PROPRIÉTOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA	ŀ	i i	i	i i		1,000,000
	(Mandatory in NH) If yes, describe under					1	E.L. DISEASE - EA EMPLOYEE S	1,000,000
	DÉSCRIPTION OF OPERATIONS below		 		<u> </u>	<u> </u>	E.L. DISEASE - POLICY LIMIT S	
							S	
					1		\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) Underground Storage Tank Removal								
İ								
CERTIFICATE HOLDER					CANCELLATION			
Minnesota Pollution Control Attn: Joan Henry					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Attn: Joan Henry Tanks & Spills Section 520 Lafayette Rd St Paul MN 41940					AUTHORIZED REPRESENTATIVE Jonash B.J.: Classel			

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