



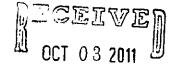
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2011

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors			ndorsem	ent. A state	ment on this	s certificate does not con	fer righ	nts to the.	
PROD	DUCER	,	·	CONTAC	Ť					
	SRIFF, SEIBELS & WILLIAMS, INC.			NAME: PHONE FAX (A/C, No): E-MAIL ADDRESS:						
	Box 10265 ingham, AL 35202									
	9									
						NAIC#				
				INSURE	16535					
INSU Carl	RED Bolander & Sons Co.			INSURE						
	Starkey Street aul, MN 55107			INSURER C :American Guarantee & Liability Ins. Co.						
JI. F	au, MN 33107			INSURE						
				INSURE						
				INSURE						
			FE NUMBER: VLU3C5QD				REVISION NUMBER:			
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER (CLUSIONS AND CONDITIONS OF SUCH	UIREMEI RTAIN, TH POLICIE	NT, TERM OR CONDITION OF HE INSURANCE AFFORDED B S. LIMITS SHOWN MAY HAVE	ANY CO BY THE P	NTRACT OR O OLICIES DES EDUCED BY F	OTHER DOCL CRIBED HERI PAID CLAIMS.	IMENT WITH RESPECT TO V	VHICH T	THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUI	D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMITS			
Α	GENERAL LIABILITY		GL0913967805		09/30/2011	09/30/2012		\$	1,000,000	
1	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000	
	X Ded \$10,000 Prop Damage ONLY						PERSONAL & ADV INJURY	s	1,000,000	
							GENERAL AGGREGATE	s	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	ş	2,000,000	
	POLICY X PRO-							s ,		
Α	AUTOMOBILE LIABILITY		BAP913967705		09/30/2011	09/30/2012	COMBINED SINGLÉ LIMIT (Ea accident)	s	1,000,000	
	X ANY AUTO						(au dooracin)	\$		
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED			-			PROPERTY DAMAGE	5		
	HIRED AUTOS AUTOS						(Per accident)	s		
С	UMBRELLA LIAB X OCCUR	 	AUC913967405		09/30/2011	09/30/2012	EACH OCCURRENCE	s	10,000,000	
	- CCCOR							s	10,000,000	
	CEANING-WINDS	1		ļ			-	s S		
8	DED RETENTION \$ WORKERS COMPENSATION	 }-	I IEMPLOYERS LIABILITY ONL	LY	10/01/2011	10/01/2012	WC STATU- V OTH-	<u></u>		
_	AND EMPLOYERS' LIABILITY Y/N		GR101872 Subject to \$25,000 Ded			, , , , , , , , , , , , , , , , , , , ,			1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	oubject to \$25,000 Ded					\$	1,000,000	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below		1		· · · · · · · · · · · · · · · · · · ·		E.L. DISEASÉ - POLICY LIMIT	\$ S	1,000,000	
								\$ \$		
								\$		
		ļ						\$		
	cription of operations / Locations / Vehicl erground Storage Tank Removal	LES (Attac	th ACORD 101, Additional Remarks :	Schedule,	If more space is	required)				
Ond	erground otorage rank itemoval									
ÇEI	RTIFICATE HOLDER			CANCELLATION						
	nesota Pollution Control			THE	EXPIRATION	DATE THERE	ESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVE CY PROVISIONS.		ED BEFORE	
	ı: Joan Henry ks & Spills Section			AUTHORIZED REPRESENTATIVE						
520	Lafayette Rd			Jonal B.J. ilws. al						





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the te		ions	s of the policy,	certa	ain po	FIONAL INSURED, the po plicies may require an en							
P.O. Box	F, SEIBELS & WILL 10265	LIAN	1S, INC.				CONTACT NAME: PHONE [A/C, No, Ext]: 800-476-2211 [A/C, No, Ext]: (A/C, No):						
Birmingh	nam, AL 35202						E-MAIL ADDRESS:						
							INSURER(S) AFFORDING COVERAGE					NAIC#	
							INSURER A Zurich American Insurance Company				16535		
Carl Bola	ander & Sons Co.						INSURER B :Northfield Insurance Company, A Travelers Company						
	key Street						INSURER C :American Guarantee & Liability Ins. Co.						
St. Paul,	MN 55107						INSURER D :						
							INSURER E :						
							INSURER F;						
COVER						NUMBER:PGFRNZAW	REVISION NUMBER:						
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! [ADDL'SUBR!] ADDL'SUBR! POLICY EST POLICY EST POLICY EST													
INSR LTR	R TYPE OF INSURANCE				WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
i	NERAL LIABILITY					GL0913967805		09/30/2011	09/30/2012	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
L×	 	Γ.	1							PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE		OCCUR							MED EXP (Any one person)	<u>s</u>	10,000	
<u> </u>	Ded \$10,000 Pro	p Da	mage ONLY		İ						\$	1,000,000	
_	J	-									\$	2,000,000	
GE	N'L AGGREGATE LIM										\$	2,000,000	
A Au	POLICY X PRO JEC TOMOBILE LIABILITY		LOC	<u> </u>		I BAP913967705		09/30/2011	09/30/2012	COMBINED SINGLE LIMIT	\$		
	٦					5 10007 700		03/30/2011	05/30/201E	(Ea accident)	_\$	1,000,000	
<u> X</u>	ANY AUTO ALL OWNED	_	SCHEDULED		į					BODILY INJURY (Per person)	s s		
	AUTÓS	<u></u>	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
<u> ×</u>	HIRED AUTOS	X	AUTOS	1						(Per accident)	S		
c	UMBRELLA LIAB	7	X Loccus	1	<u> </u>	AUC913967405		09/30/2011	09/30/2012	1		2,000,000	
X	4	-	- 0000.	1				05,05,25	33,33,23,2	EACH OCCURRENCE	\$	2,000,000	
	1	L	CLAIMS-MADE	}						AGGREGATE	\$ s	2,000,000	
B wo	DED RETENTIONS WORKERS COMPENSATION			 	I EMPLOYERS LIABILITY ONL	Υ	10/01/2011	10/01/2012	WC STATU- V OTH-	3			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N					GR101872 Subject to \$25,000 Ded				E.L. EACH ACCIDENT	\$	1,000,000	
OF	OFFICER/MEMBER EXCLUDED?		N/A					ļ	E.L. DISEASE - EA EMPLOYEE		-1,000,000		
l lirv	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ \$	1,000,000			
100	SCRIPTION OF OPER	MIIC	DIA2 DEIOM	<u> </u>						E.E. DISEASE - POLICI LIWIT	\$		
											S S		
											S S		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE:UST Contractor Certification Renewal The Certificate Holder is named as Additional Insured with respect to General Liability and Automobile Liability as required by written contract subject to policy terms, conditions, and exclusions.													
CERTI	FICATE HOLDE	R					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.					
Minnesota Pollution Control Agency Attn: Joan Henry, Tanks Program 520 Lafayette Rd. N. St. Paul, MN 55155							AUTHORIZED REPRESENTATIVE						
							Towar Billiosel						