



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2016

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endorsement	. A st	atement on	
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							NAME: PHONE (A/C, No, Ext): (715) 344-9000 FAX (A/C, No) (715) 344-1788					
The Insurance Center 2825 Post Road						(A/C, No, Ext): (715) 344-9000 (A/C, No): (715) 344-1788  E-MAIL ADDRESS:						
Stevens Point, WI 54481												
20.0.0.0 0000							INSURER(S) AFFORDING COVERAGE					
							RA: The Ha	rtford			19970809	
INSURED							INSURER B:					
Name of Property Owner (if not business related) or							INSURER C:					
Name of Business Street Address							RD:					
City, State Zip Code						INSURER E:						
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EMEN AIN, 7 CIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMBE		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY				C03813		04/22/16	04/22/17	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	Х		003013		04/22/10	V.,	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100.000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC								GENERAL AGGREGATE	\$	2,000,000	
									PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		2,000,000	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Α	X ANY AUTO OWNED AUTOS ONLY HIRED HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY				A1453122		04/22/16	04/22/17	BODILY INJURY (Per person)	\$	1,000,000	
									BODILY INJURY (Per accident)	\$		
									PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
Α	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	10,000,000	
		EXCESS LIAB CLAIMS-MADE	Х		U297099		04/22/16	04/22/17	AGGREGATE	\$	, ,	
	DED RETENTION\$								AGGILGATE	\$	10,000,000	
	WOF	RKERS COMPENSATION				-			PER OTH- STATUTE ER	Ą		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									•	500.000	
Α					WC72975		04/22/16	04/22/17	E.L. EACH ACCIDENT	\$	500,000	
									E.L. DISEASE - EA EMPLOYEE		500,000	
									E.L. DISEASE - POLICY LIMIT	\$	500,000	
DEG	PDIDT	TION OF ODER ATIONS / LOCATIONS / VEHICL	EC /A	CORD	101 Additional Remarks Schools	la may be	attached if mare	anaca ia raguir	nd)			
DES	,	Water line under State Trunk High	•		101, Additional Remarks Schedul	ie, may be	e attached il more	e space is requir	euj			
	'	WisDOT permit #400555										
	Additional insured: State of Wisconsin, Department of Transportation, including its directors, officers, employees and agents.											
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	) TIF	FIGATE LIGHTER				CANC	NELL ATION					
CE	XIII	FICATE HOLDER			1	CANC	ELLATION					
State of Wisconsin, Department of Transportation North Central Region - Wisconsin Rapids Office 1681 Second Avenue South							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Wisconsin Rapids, WI 54495						AUTHORIZED REPRESENTATIVE						
						Joseph A. Sample						
						1000						