

CERTIFICATE OF INSURANCE

DATE 08/25/09

PRODUCER PROFESSIONAL DESIGN INSURANCE MANAGEMENT CORPORATION P.O. BOX 501130 INDIANAPOLIS, IN 46250 Phone: (317) 570-6945 Fax: (317) 579-6410	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Houston Engineering, Inc. 1401 21st Ave. N. RECEIVED Fargo, ND 58102 AUG 31 2009	COMPANIES AFFORDING COVERAGE COMPANY A Zurich American Insurance Company LETTER
	COMPANY B LETTER
	COMPANY C LETTER
	COMPANY D LETTER
	COMPANY E LETTER

COVERAGES PUBLIC SERVICE COMMISSION
 THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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, EXCLUSION, AND CONDITON OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> [] CLAIM MADE [] OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>				GENERAL AGGREGATE \$ PRODUCTS-COMP/OPS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURENCE \$ FIRE DAMAGE (ANY ONE FIRE) \$ MED.EXPENSE (ANY ONE PERSON) \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				<table border="1"> <tr> <td>CSL</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (PER PERSON)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (PER ACCIDENT)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE</td> <td>\$</td> </tr> </table>	CSL	\$	BODILY INJURY (PER PERSON)	\$	BODILY INJURY (PER ACCIDENT)	\$	PROPERTY DAMAGE	\$
CSL	\$												
BODILY INJURY (PER PERSON)	\$												
BODILY INJURY (PER ACCIDENT)	\$												
PROPERTY DAMAGE	\$												
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA				<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>AGGREGATE</td> </tr> <tr> <td>STATUTORY</td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	AGGREGATE	STATUTORY	\$				
EACH OCCURRENCE	AGGREGATE												
STATUTORY	\$												
	WORKERS' COMPENSATION AND EMPLOYER LIABILITY				\$ (EACH ACCIDENT) \$ (DISEASE-POLICY LIMIT) \$ (DISEASE-EACH EMPLOYEE)								
A	OTHER PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> ARCHITECTS AND ENGINEERS <input type="checkbox"/>	EOC5253019-07	7/25/2009	7/25/2010	\$1000000 LIMIT EACH CLAIM AND \$1000000 IN THE AGGREGATE.								

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER North Dakota Public Service Department 600 E. Boulevard Ave., Dept. #408 Bismarck, ND 58505-0480 19 PU-08-115 Filed: 8/31/2009 Pages: 1 Certificate of Insurance – Professional Liability – Architects and Engineers Coverage Houston Engineering, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Lois Burton</i>
--	---