

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/23/2009

PRODUCER (701)271-6630 FAX (701)271-6631  
**BW Insurance Agency, Inc.**  
 520 Main Avenue  
 PO Box 6030  
 Fargo, ND 58108-6030

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS 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.  
 Fargo, ND 58102

APPROVED NORTH DAKOTA PUBLIC SERVICE COMMISSION  
 - 2 OCT 2009

| INSURERS AFFORDING COVERAGE |                                | NAIC # |
|-----------------------------|--------------------------------|--------|
| INSURER A:                  | ANCO Insurance Co              | 19100  |
| INSURER B:                  | Nationwide Mutual Ins. Company | 23787  |
| INSURER C:                  | American States Insurance Co   |        |
| INSURER D:                  |                                |        |
| INSURER E:                  |                                |        |

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |              |
|----------------|---|---------------|----------------------------------|-----------------------------------|---|--------------|
| A              | GENERAL LIABILITY   | ACP7271087351 | 09/17/2009                       | 09/17/2010                        | EACH OCCURRENCE                           | \$ 1,000,000 |
|                | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000   |
|                | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                            |               |                                  |                                   | MED EXP (Any one person)                  | \$ 5,000     |
|                | <input checked="" type="checkbox"/> <b>Employer's Liab</b>  |               |                                  |                                   | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|                | <b>\$1,000,000</b>  |               |                                  |                                   | GENERAL AGGREGATE                         | \$ 2,000,000 |
|                | GEN'L AGGREGATE LIMIT APPLIES PER:  |               |                                  |                                   | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|                | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                  |                                   |   |              |
| B              | AUTOMOBILE LIABILITY  | ACP7271087351 | 09/17/2009                       | 09/17/2010                        | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|                | <input checked="" type="checkbox"/> ANY AUTO  |               |                                  |                                   | BODILY INJURY (Per person)                | \$           |
|                | <input type="checkbox"/> ALL OWNED AUTOS  |               |                                  |                                   | BODILY INJURY (Per accident)              | \$           |
|                | <input type="checkbox"/> SCHEDULED AUTOS  |               |                                  |                                   | PROPERTY DAMAGE (Per accident)            | \$           |
|                | <input type="checkbox"/> HIRED AUTOS  |               |                                  |                                   |   |              |
|                | <input type="checkbox"/> NON-OWNED AUTOS  |               |                                  |                                   |   |              |
|                | GARAGE LIABILITY  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$           |
|                | <input type="checkbox"/> ANY AUTO   |               |                                  |                                   | OTHER THAN EA ACC                         | \$           |
|                |   |               |                                  |                                   | AUTO ONLY: AGG                            | \$           |
| A              | EXCESS/UMBRELLA LIABILITY   | ACP7271087351 | 09/17/2009                       | 09/17/2010                        | EACH OCCURRENCE                           | \$ 2,000,000 |
|                | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                            |               |                                  |                                   | AGGREGATE                                 | \$ 2,000,000 |
|                | <input type="checkbox"/> DEDUCTIBLE   |               |                                  |                                   |   | \$           |
|                | <input checked="" type="checkbox"/> RETENTION \$ 0  |               |                                  |                                   |   | \$           |
| C              | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | 01WC292549-10 | 08/21/2009                       | 08/21/2010                        | WC STATUTORY LIMITS                       | OTHER        |
|                | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   |               |                                  |                                   | E.L. EACH ACCIDENT                        | \$ 1,000,000 |
|                | If yes, describe under SPECIAL PROVISIONS below   |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000 |
|                | OTHER   |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 The State of North Dakota and its agencies, officers, and employees (State) shall be named as Additional Insured.  
 A Waiver of Subrogation is included.  
 Insurance is Primary.

## CERTIFICATE HOLDER

North Dakota Public Service Department  
 600 E. Boulevard Ave Dept 408  
 Bismarck, ND 58505-0480

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Michael J Boub/FGOJR

