

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR
AGRII-1

DATE (MM/DD/YYYY)
05/15/09

| PRODUCER Seitz Insurance Agency P.O. Box 326 Sidney MT 59270 Phone: 406-433-1411 Fax: 406-433-3683 | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> MAY 20 2009 # 247 </div> | 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 Agri Industries, Inc. dba: Sax Electric & Agri Electrical PO Box 1166 Williston ND 58802-1166 | NORTH DAKOTA PUBLIC SERVICE COMMISSION | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Employers Mutual Cas. Co.</td> <td></td> </tr> <tr> <td>INSURER B: Montana State Fund</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Employers Mutual Cas. Co. | | INSURER B: Montana State Fund | | INSURER C: | | INSURER D: | | INSURER E: | |
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| 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 | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|-------|--|---|----------------------------------|-----------------------------------|---|
| | | GENERAL LIABILITY | | | | |
| A | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | 2D7-60-91--09 | 09/09/08 | 09/09/09 | EACH OCCURRENCE \$ 1000000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 |
| A | | <input checked="" type="checkbox"/> XCU | 2D7-60-91--09 | 09/09/08 | 09/09/09 | MED EXP (Any one person) \$ 5000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PERSONAL & ADV INJURY \$ 1000000 |
| | | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | GENERAL AGGREGATE \$ 2000000 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 2000000 |
| | | AUTOMOBILE LIABILITY | | | | |
| A | | <input checked="" type="checkbox"/> ANY AUTO | 2E7-60-91-09 | 09/09/08 | 09/09/09 | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | |
| A | | <input checked="" type="checkbox"/> HIRED AUTOS | 2E7-60-91-09 | 09/09/08 | 09/09/09 | BODILY INJURY (Per accident) \$ |
| A | | <input checked="" type="checkbox"/> NON-OWNED AUTOS | 2E7-60-91-09 | 09/09/08 | 09/09/09 | PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY | | | | |
| | | <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC \$ |
| | | | | | | AGG \$ |
| A | | EXCESS/UMBRELLA LIABILITY | | | | |
| | | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | 2J7-60-91--09 | 09/09/08 | 09/09/09 | EACH OCCURRENCE \$ 500000 |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | AGGREGATE \$ 500000 |
| | | <input checked="" type="checkbox"/> RETENTION \$10000 | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| B | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | |
| A | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | 03-286009-0 MT WC 2D7-60-91 N.D. EMP LIAB. | 03/10/09 09/09/08 | 03/10/10 09/09/09 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$ 1000000 |
| | | | | | | E.L. EACH ACCIDENT \$ 1000000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1000000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1000000 |
| A | | OTHER | | | | |
| | | Installation Float | 2C7-60-91-09 | 09/09/08 | 09/09/09 | Per Loc. \$300,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Blanket additional insured and waiver of subrogation is included for the auto and general liability coverages. Vicarious liability form CG7482. MT State Fund has a 10 day notice of cancellation. Certificate Holder is listed as primary additional insured. PROJECT: WILLIAMS COUNTY ROAD 9 PHASE 4 ABANDONED MINE LANDS SITE


CERTIFICATE HOLDER

NDPUB-1

State of North Dakota
 N.D. Public Service Commission
 Abandoned Mine Land Division
 600 E Blvd 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.