



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2015

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 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).

<b>PRODUCER</b> Dennis J. Linder & Associates An affiliate of American Agency, Inc. 731 Bielenberg Drive, Suite 204 Woodbury MN 55125-1716	<b>CONTACT NAME:</b> Kimberly South	
	<b>PHONE (A/C, No, Ext):</b> 651.621.8982	<b>FAX (A/C, No):</b> 651.621.8989
<b>E-MAIL ADDRESS:</b> kims@djilinder.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Continental Casualty Company		20443
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Environmental Prof Liab Incl Pollution Incident</b>			EEH254026053 Claims Made & Reported	7/1/2015	7/1/2016	\$10,000,000. Per Claim \$10,000,000. Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 ^Case No. PU-09-750, Bridger Pipeline LLC's 77-mile, 12-inch diameter pipeline

Continued on page 2

This policy covers the PROFESSIONAL SERVICES of the named insured for all projects & the limit of liability shown shall not be construed to be applied to this project only.

<b>CERTIFICATE HOLDER</b>  North Dakota Public Service Commission Attn Patrick Fahn 600 E Boulevard Bismarck, ND 58505-0480	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Dennis Linder/KVS 
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## COMMENTS/REMARKS

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Named Insured includes the following Named Insureds and Locations:

Wenck Associates Inc  
Wenck Construction and Remediation, Inc.  
Wenck Associates, Inc. dba States West Water Resources  
States West Water Resources Corporation  
Wenck Construction and Remediation, Inc. dba Bossardt Corporation  
Wenck Response Services, Inc.  
Wenck Construction and Remediation, Inc. dba Wenck Construction, Inc.

1800 Pioneer Creek Drive, Maple Plain, MN 55359  
1012 5th Avenue, Windom, MN 56101  
1802 Wooddale Drive, Woodbury, MN 55125  
301 First Street N.E., Mandan, ND 58554  
1904 East 15th St, Cheyenne, WY 82201  
3303 Fiechtner Drive, Fargo, ND 58103  
5130 Winnetka Ave N, New Hope, MN 55428  
2 North Main Street, Suite 402, Sheridan, WY 82801  
1080 Holcomb Bridge Rd, Building 100, Suite 190, Roswell, GA 30076  
7500 Olson Memorial Highway, Suite 300, Golden Valley, MN 55427-4886

The renewal policy will be issued with an endorsement to provide the following modification to facilitate compliance with the written Contract referenced on page one of this certificate:

"Should the policy be cancelled or limit reduced by endorsement before the expiration date thereof, the issuing company will mail 30 days prior written notice, and 10 days for non-payment of premium, to the certificate holder named on page 1, at the address shown."