



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2016

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 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).

PRODUCER Cobb Strecker Dunphy & Zimmermann 150 South Fifth Street Suite 2800 Minneapolis MN 55402	CONTACT NAME: Joy Langer
	PHONE (A/C, No, Ext): 612-349-2449 FAX (A/C, No): E-MAIL ADDRESS: jlanger@cstdz.com
INSURED WENCENTI Wenck Enterprises Inc, etal (See below for Additional Named Insureds) P.O. Box 249 Maple Plain MN 55359-0249	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Continental Casualty Company 20443
	INSURER B: Valley Forge Insurance Company 20508
	INSURER C: Transportation Insurance Company 20494
	INSURER D: Continental Casualty Company 20443
	INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 840122496 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Cont Liab Per <input checked="" type="checkbox"/> Policy Form/XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			6024595660	5/8/2016	7/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000			6024595626	5/8/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Auto Phys Dmge \$ACV
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			6024595643	5/8/2016	7/1/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N N / A	6016512770	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C A	Employers Liability/Stop Gap Professional Liability Including Pollution Liability			6024595660 EEH254026053	5/8/2016 7/1/2016	7/1/2017 7/1/2017	Applies to States: OH, ND, WA & WY Per Claim: \$10,000,000 Annual Aggregate: \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Case No. PU-09-750, Bridger Pipeline LLC's 77-mile, 12-inch diameter pipeline

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.

See Attached...

CERTIFICATE HOLDER North Dakota Public Service Commission, Attn Patrick Fahn 600 E Boulevard Bismarck ND 58505-0480	CANCELLATION 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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Cobb Strecker Dunphy & Zimmermann		NAMED INSURED Wenck Enterprises Inc, etal (See below for Additional Named Insureds)	
POLICY NUMBER		P.O. Box 249 Maple Plain MN 55359-0249	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

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 5270 West 84th Street, Suite 550, Bloomington, MN 55437 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

Additional Insured as respects General Liability, if required by written contract: State of North Dakota and its agencies, officers, and employees, per the attached GL blanket additional insured endorsement. General Liability shall apply on a primary and non-contributory basis per the provision included in the blanket additional insured endorsement. General Liability policy includes a severability of interest clause. Waiver of Subrogation if required by written contract as respects General Liability, Automobile Liability, and Workers Compensation applies in favor of the State of North Dakota and its agencies, officers, and employees, per the blanket waiver of subrogation endorsement attached to the Work Comp and blanket waiver of subrogation provisions included in the GL & Auto extension endorsements. Waivers provided per attached Blanket Waiver of Subrogation endorsements.

The following supersedes the cancellation wording:
Should any of the above described policies be cancelled before the expiration date, 30 Days written notice (10 Days for Non-Payment) will be delivered to the certificate holder.