



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/17/2010 Revised

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 <b>MANGER INSURANCE, INC.</b> BOX 1386 WILLISTON ND 58802	CONTACT NAME: Timothy Hermanson	
	PHONE (A/C, No. Ext): 701-572-3786 FAX (A/C, No): 701-572-4073 E-MAIL ADDRESS: tim@mangerins.com PRODUCER CUSTOMER ID #: 103428	
INSURED Northwest Abstract & Title, Inc. Jerry Grev P.O. Box 1265 Williston ND 58802-1265	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Acuity	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	K12817	07/12/2009	07/12/2010	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPOP AGG \$ 2,000,000
							Fire Damage \$
A	AUTOMOBILE LIABILITY <input 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	Y	Y	K12817	07/12/2009	07/12/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	\$						
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							\$
	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			WC STATUTORY LIMITS OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Contract # AM-586-10

CERTIFICATE HOLDER State of North Dakota Public Service Commission State Capitol- 12th Floor 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 



**BIS-PAK®  
COVERAGE PART**

BIS-PAK DECLARATIONS

**Renewal Declarations**

First Named Insured and Address:

NORTHWEST ABSTRACT & TITLE INC  
PO BOX 1265  
WILLISTON ND 58802

Agency Name and Number:

MANGER INSURANCE, INC  
5364

Policy Number: K12817

Policy Period: Effective Date: 07-12-09

Expiration Date: 07-12-10

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the same.

12:01 A.M. standard time at your mailing address shown in the declarations

C  
17.5

**COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART**

Form Number	Form Title	Premium
CB-7019 (03-01)	Hired Auto and Nonowned Auto Liability . . . . .	\$ 112.00
CB-0006 (09-04)	Bis-Pak Business Liability and Medical Expenses Coverage Form . . . . .	
CB-0009 (09-04)	Bis-Pak Common Policy Conditions . . . . .	
CB-0417 (07-02)	Employment - Related Practices Exclusions . . . . .	
CB-7037 (08-99)	North Dakota Changes . . . . .	
IL-0234F (08-03)	North Dakota Changes - Cancellation and Nonrenewal . . . . .	
CB-0002 (06-07)	Deluxe Bis-Pak Property Coverage Form . . . . .	
CB-7082 (07-99)	Water Backup of Sewers or Drains . . . . .	50.00
CB-0576 (01-06)	Limited Fungi or Bacteria Coverage . . . . .	
CB-0577 (01-06)	Fungi or Bacteria Exclusion (Liability) . . . . .	
CB-0514 (01-03)	War Liability Exclusion . . . . .	
CB-7262 (06-07)	ACUITY Advantages - Property Coverages . . . . .	
CB-7264 (09-04)	ACUITY Advantages - Liability Coverages . . . . .	
CB-7277 (01-06)	Exclusion - Violation of Statutes that Govern E-mails, Fax, Phone Calls or Other . . . . .	
IL-7012 (11-05)	Asbestos Exclusion . . . . .	
CB-1004 (01-07)	Exclusion of Certain Computer-Related Losses . . . . .	
CB-0601R (01-07)	Exclusion of Loss Due to Virus or Bacteria . . . . .	
CB-7296 (01-08)	Cap on Losses from Certified Acts of Terrorism - Property . . . . .	41.00
CB-7298 (01-08)	Exclusion of Punitive Damages Related to a Certified Act of Terrorism . . . . .	
CB-7299 (01-08)	Cap on Losses from Certified Acts of Terrorism - Liability . . . . .	2.00
IL-7082 (01-08)	Disclosure Pursuant to Terrorism Risk Insurance Act . . . . .	
<b>Advance Endorsement Premium . . . . .</b>		<b>\$ 205.00</b>

Policy Number: K12817  
 Effective Date: 07-12-09

**LIABILITY COVERAGES PROVIDED**

Coverage Item	Limit of Insurance
Liability and Medical Expenses (Each Occurrence) . . . . .	\$ 1,000,000
Medical Expenses (Any One Person) . . . . .	5,000
Damage to Premises Rented to You . . . . .	100,000
Products-Completed Operations Aggregate Limit . . . . .	2,000,000
General Aggregate Limit (Other Than Products-Completed Operations) . . . . .	2,000,000

**SCHEDULE OF LIABILITY CLASSIFICATIONS**

Premises Number	Building Number	Classification Description	Class Code	Premium Basis <sup>1</sup>	Rate
001	001	Office Buildings	61226	3,600 AR	57.60

<sup>1</sup> AR = Area - Rate Applies Per 1,000 Square Feet

**OPTIONAL COVERAGES PROVIDED**

Coverage Item	Limit of Insurance
Hired and Nonowned Auto Liability . . . . .	Same as Liability Limit
Forgery and Alteration . . . . .	\$ 2,500
Business Income from Dependent Properties . . . . .	5,000
Outdoor Signs . . . . .	5,000
ACUITY Advantages - Liability Coverages . . . . .	See CB-7264
ACUITY Advantages - Property Coverages . . . . .	See CB-7262

Coverage Item	Premises Number	Building Number	Limit of Insurance
Business Income and Extra Expense . . . . .	001	001	Actual Loss Sustained
<i>Money and Securities</i> . . . . .	001	001	
Inside the Premises . . . . .			\$ 10,000
Outside the Premises . . . . .			5,000
Accounts Receivable . . . . .	001	001	25,000
Valuable Papers . . . . .	001	001	250,000

**BIS-PAK® PLAN**

Offices