Exhibit E

North Dakota Department of Transportation

1524 8th Ave. S.W.
Valley City, North Dakota 58072-4200
701-845-8800
Fax: 701-845-8804

STATEMENT FOR UTILITY SERVICES RENDERED

To:

Ottertail Power Company
215 South Cascade Street
Fergus Falls, MN 56537

DATE	UTILITY DESCRIPTION	NUMBER	RATE	TOTAL
5/20/16	Permit #21638 , 1 Crossing			$100.00
	Please include permit number on payment.			
	Thank You			
	TOTAL NUMBER		Sub Total	100.00

Less amount Received	100.00
BALANCE DUE	$100.00

Exhibit E

UTILITY OCCUPANCY APPLICATION AND PERMIT

North Dakota Department of Transportation, Design
SFN 7995 (2-2016)

FOR STATE USE ONLY (Type or Print)

RIMS Document Number	Contract Number	District Tracking Number
21638		

APPLICANT INFORMATION

Authorized Utility Agent (must be same as signatory for permit)

Company Name	Contact Name	Telephone Number	
Otter Tail Power Company & Montana-Dakota Utilities Co.	Al Koeckeritz / Daniel Albrecht	(218) 739-8200 / (701) 222-7680	
Mailing Address	**City**	**State**	**ZIP Code**
215 South Cascade Street / 400 N 4th Street	Fergus Falls / Bismarck	MN / ND	56537 / 58501

Preparer - Consultant

Company Name	Contact Name	Telephone Number	
KLJ	Kevin Cummings	(218) 443-3377	
Mailing Address	**City**	**State**	**ZIP Code**
1505 S 30th Ave.	Moorhead	MN	56560

Utility Contractor

Company Name	Contact Name	Telephone Number	
Otter Tail Power Company & Montana-Dakota Utilities Co.	Al Koeckeritz / Daniel Albrecht	(218) 739-8200 / (701) 222-7680	
Mailing Address	**City**	**State**	**ZIP Code**
215 South Cascade Street / 400 N 4th Street	Fergus Falls / Bismarck	MN / ND	56537 / 58501

TYPE OF FACILITY (Complete appropriate space only.)

Description of Proposed Facility		
345 kV transmission line that enters ND at the ND/SD border (Co. Rd. 1) and ends at the Ellendale substation located 2 miles West of Ellendale, ND.		
Size of Facility	**Number of Cables**	**Length of Down Guys**
345 kV	8	None
Pipeline Pressure	**Size of Casing**	**Length of Casing**
N/A	N/A	N/A
Location of Pole(s)	**Location of Appurtenances**	**Location - Others**
No poles set in ROW	Overhead wire only	No ground appurtenances

TERMS AND CONDITIONS: Installation and maintenance of said facilities on highway right of way shall be subject to the North Dakota Department of Transportation's (NDDOT's) *"A Policy for Accommodation of Utilities on State Highway Right of Way"*, current edition, and the following terms and conditions, attached hereto and made a part hereof.

The installation shall be completed on or before: Date 12/31/2018

See page 2 for additional Terms and Conditions.

APPROVAL

Company Name (Utility Agency)	Authorized Utility Agent Name (Type or Print)	Authorize Agent Title
Otter Tail Power Company / Montana-Dakota Utilities Co.	Al Koeckeritz / Daniel Albrecht	Manager, Project Management
Date	**Authorized Agent's Signature**	
04/29/2016	Alan R Koeckeritz Daniel Albrecht	

To be signed by Owner, Partner, Corporate President, Vice President, or other authorized Corporate Officer. If signed by other authorized Corporate Officer, please attach copy of Power of Attorney or other documentation showing authority to sign.

The Owner is hereby granted permission to install and maintain the facilities applied for, as shown on the plans attached hereto, and made a part hereof. NDDOT Approved Date 5/20/2016

NORTH DAKOTA DEPARTMENT OF TRANSPORTATION

District Engineer (Type or Print)	District Engineer Signature
JOHN E THOMPSON	

Exhibit E

For State Use Only

District Tracking Number

(A) Installation/maintenance of said facilities shall be done in a manner satisfactory to the NDDOT district engineer.

(B) Owner shall notify the NDDOT district engineer forty-eight (48) hours prior to installing, maintaining, relocating, or removing said facilities. All disturbed areas shall be restored to their original condition in a manner satisfactory to the NDDOT district engineer.

(C) The owner shall be required to wear an ANSI/ISEA 107-2010 Class II high visibility garment while within the highway right-of-way as per the requirements of 23 CFR 634.

(D) Owner shall repair or replace highway structures and appurtenances, and any existing facilities located on, over, or under highway right of way, which may be damaged as a result of the installation and maintenance of said facilities on highway right of way.

(E) The Risk Management Appendix, attached, is hereby incorporated and made a part of this agreement.

(F) Owner shall promptly remove said facilities from highway right of way, or shall relocate or adjust said facilities, at its sole cost and expense when requested to do so by NDDOT. The owner may be held responsible for delay costs caused by the owner's failure to use reasonable efforts to relocate or adjust facilities in a timely manner.

(G) NDDOT specifically reserves the right to revoke, or change the terms and conditions of, this Permit with or without cause and upon notice to the Owner.

(H) The Owner, for him or herself, his or her personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree that (1) no person, on the grounds of race, color, national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land and the furnishing of services thereon, no person, on the grounds of race, color, national origin, will be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, (3) that the Owner will use the premises in compliance with all other requirements imposed by or pursuant to the Acts and regulations, such that no person on the grounds of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities set forth in this Assurance.

That in the event of breach of any of the above Non discrimination covenants, the NDDOT will have the right to terminate this Permit and to enter or re-enter and repossess said land and the facilities thereon and hold the same as if said Permit had never been made or issued.

(I) If the utility facility includes drain tile, a "Request for Drainage on Highway Rights of Way", state form number 50909, must be made in conjunction with this permit.

(J) The Department's review and subsequent approval of this permit request does not relieve the applicant of the responsibility to comply with all Federal and State laws and regulations that govern, but are not limited to, the protection of wetlands, threatened and endangered species, and migratory birds. The applicant is responsible to comply with all Federal and State laws and regulations that govern the protection of cultural resources within the permit application area (e.g., S.106 of the National Historic Preservation Act, 36 CRF Part 800; ND Century Code 55-02-07; ND Century Code 55-03-01.1). The applicant shall be aware of the ND State burial law (ND Century code 23-06-27; Administrative Rule 40-02) and ensure compliance for any discovery of human remains within the permit request area.

(K) The Contractor agrees that NDDOT's review of the utility relocation plans, specifications, calculations, and field inspections shall be solely for NDDOT purposes and not for the benefit of the Utility or any third party and shall not be deemed to mean that the Utility's design and construction is structurally sound and appropriate or meets applicable federal and state regulations, laws, or local ordinances, codes, or industry standards (collectively, "Requirements"). The Utility affirms that it has taken all of the actions necessary and required for the construction, operation, and maintenance of its facility authorized hereunder, including compliance with all Requirements."

(L) Detailed location maps showing lateral offsets from roadway centerlines are required for a permit.

Exhibit E

For State Use Only

District Tracking Number

Please attach detail location map for each Utility Location. Use multiple utility locations when changing lateral offsets.

Highway Number	Utility Location	
11	☐ Along or ☒ Across	
Nearest City or Hwy Jct.	Direction (N, S, E, W)	Approximate Miles From
Jct US 281 & ND 11	East	0.2

For State Use Only				
	Begin		End	
Location Number	Reference Pt	Offset	Reference Pt	Offset
1	76	.2055		

Begin	Reference Marker: 76	Direction (N, S, E, W): East	Longitudinal Offset (feet): 1,084.9
	Direction From Centerline (N, S, E, W): N/A		Lateral Offset (feet): 0

End	Reference Marker	Direction (N, S, E, W)	Longitudinal Offset (feet)
	Direction From Centerline (N, S, E, W)		Lateral Offset (feet)

Exhibit E

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/19/2016

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 (877) 945-7378

Willis of Minnesota, Inc.
1600 Utica Avenue South, Suite 600
Minneapolis, MN 55416
763-302-7210

CONTACT NAME: ANNE KERN
PHONE (A/C No. Ext): 763 302 7241
FAX (A/C No): 763 302 7200
E-MAIL ADDRESS: anne.kern@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Associated Electric & Gas Insurance Services	F0540-000
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Otter Tail Power Company
215 South Cascade Street
Fergus Falls, MN 56538

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYY)	LIMITS	
	COMMERCIAL GENERAL LIABLITY ☐ CLAIMS MADE ☐ OCCUR. ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒PROJECT ☐ LOC ☐ OTHER			General Liability self-insured up to $500,000			EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS-COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☒ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ☐						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	☐ **UMBRELLA LIAB** ☐ OCCUR ☒**EXCESS LIAB** ☒CLAIMS-MADE ☐ DED ☐ RETENTION $	X	X	XL5064805P	1/1/2016	1/1/2017	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		Self-insured Program			PER STATUTE / 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, may be attached if more space is required)
The State of North Dakota and its agencies, officers, and employees (State) are included as Additional Insureds on a Primary and Non-Contrubutory basis under the General Liability, and Excess Liability policies as required by written contract.

Waiver of Subrogation in favor of The State of North Dakota and its agencies, officers, and employees (State) applies to the General Liability, and Excess Liability policies as required by written contract.

CERTIFICATE HOLDER

North Dakota Department of Transporation
608 East Boulevard Ave
Bismarck, ND 58505-0700
Attn: Kathy Beach

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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OTT6004 Exhibit E OP ID: CD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/19/2016

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
AMP Insurance
920 Pebble Lake Rd.
Fergus Falls, MN 56537
Jason R. Pribbernow

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : General Casualty	24414
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Otter Tail Power Company
P.O. Box 496
Fergus Falls, MN 56538

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	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE / OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
								$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO	X	X	BA2114580	01/01/2016	01/01/2017	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					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)

CERTIFICATE HOLDER

NDDEPAR

North Dakota Department
of Transportation
Kathy Beach
608 East Blvd Ave Rm #222
Bismack, ND 58505

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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Exhibit E

OTTER TAIL CORPORATION

Fargo office:
4334 18th Avenue S.W.
Suite 200, P.O. Box 9156
Fargo, ND
58106-9156
Fax: 701-232-4108

Fergus Falls office:
215 S. Cascade Street
P.O. Box 496
Fergus Falls, MN
56538-0496
Fax: 218-998-3165

1-866-410-8780 • www.ottertail.com

April 19, 2016

Reply to Fargo office
Direct: 701-451-3596

North Dakota Department of Transportation
Attn: Kathy Beach
608 East Boulevard Avenue
Bismarck, ND 58505-0700

Re: Otter Tail Power Company Insurance Requirements

Dear Ms. Beach:

I am writing on behalf of Otter Tail Power Company, a wholly owned subsidiary of Otter Tail Corporation. Otter Tail Corporation consolidates the purchase of insurance at the holding company level. Otter Tail Corporation retains the loss exposure associated with the perils that are typically covered by commercial general liability insurance. Otter Tail Corporation is aware that its decision to retain the risks of loss described above in no way affects its obligation to honor all indemnification requirements of its business agreements.

Otter Tail Corporation is a publicly traded company (NASDAQ – OTTR). Otter Tail Corporation's publicly disclosed 2015 year-end financial summary includes the following:

Otter Tail Corporation	
Operating Revenues	$779,804,000
Net Income – Continuing Operations	$58,589,000
Total Net Income	$59,345,000
Otter Tail Power Company	
Operating Revenues	$407,039,000
Operating Income	$87,171,000
Total Assets	$1,522,986,000

Please advise me if your firm is unable to accept Otter Tails Corporation's position regarding commercial general liability insurance.

Thank you for your consideration of this issue.

Yours truly,

Patrick Murray

Patrick Murray
Risk Manager

Exhibit E

WSI

North Dakota Workforce Safety & Insurance

CERTIFICATE OF PREMIUM PAYMENT
WORKFORCE SAFETY & INSURANCE
EMPLOYER SERVICES
SFN 4920 (04/2007)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

KIM JACOBS
OTTER TAIL POWER COMPANY
PO BOX 496
FERGUS FALLS MN 56538-0496

Employer Account Number: 40428

Issued Date: 02/29/2016

Expiration Date: 03/16/2017

CERTIFICATE OF PREMIUM PAYMENT

This is to certify that North Dakota Workers Compensation coverage is effective for the employer named on this certificate. Employees of the named employer are entitled to apply for the rights and benefits of Workforce Safety and Insurance(WSI).

Coverage under this certificate extends to North Dakota based employers for their North Dakota exposure. Limited coverage extends beyond the physical boundaries of North Dakota. Contact the Policyholder Services Department of WSI at 1-800-777-5033 for further information on coverage issues or to inquire into the status of the holder of this certificate.

North Dakota Century Code § 65-04-04 requires that each employer post this Certificate of Premium Payment in a conspicuous manner at the workplace. A penalty of $250 may apply for failure to comply with this requirement.

A Certificate of Premium Payment may be revoked for failure to make required premium payments.

Barry Schumacher

Barry Schumacher
Chief of Employer Services

Class	Classification Description
3630	Auto Repair-Body Shops-Mech
4601	Laboratory Work & Med. Mfg
5603	Consulting Engineers
7531	Electric Light & Power Co
7533	Elec Light-Pwr Const-Investor
8747	Professional/Business Reps
8805	Clerical Office Employees
9007	Bldg Custodians - Janitorial

Exhibit E

April 6, 2016

Kevin Cummings
KLJ
1505 S 30th Ave
Moorhead, MN 56560

Subject: Insurance Coverage Consistent With Contract
RIMS Document Number: 21638
Contract Number:
District Tracking Number:

You have submitted to the North Dakota Department of Transportation (NDDOT), in connection with your certificate of insurance, additional pages or language on the certificate which either purports to limit or qualify the information reflected on the certificate of insurance or which purports to change, modify or amend your company's insurance policies. NDDOT policy is to not solicit, review or approve contractors' insurance policies, endorsements or amendments to insurance policies, or insurance documents other than properly completed certificates of insurance. NDDOT contracts specify that contractors are responsible for acquiring and maintaining specified coverages and proof of insurance.

Please have a company executive authorized to execute contract documents sign and date the statement below attesting that your company has insurance coverage consistent with the contract provisions and immediately fax and mail it back to us.

Be advised that execution of this contract will be delayed until these issues have been resolved.

Sincerely, Kathy Beach

The following signatory hereby states that the company has, and will maintain in force, insurance coverages (including proof of coverages) consistent with the contract specifications.

Utility Company Name: Otter Tail Power Company

Authorized Utility Agent Name (Type or Print): Al Koeckeritz

Authorized Utility Agent Title: Manager, Project Management

Date: 05-19-2016

Signature: Alan R Koeckeritz

Exhibit E

Risk Management Appendix

Permits and Licenses with Private Individuals, Companies, Corporations, Etc. (referred to as Recipient):

Recipient agrees to defend, indemnify, and hold harmless the state of North Dakota, its agencies, officers and employees (State), from and against claims based on the vicarious liability of the State or its agents, but not against claims based on the State's contributory negligence, comparative and/or contributory negligence or fault, sole negligence, or intentional misconduct. The legal defense provided by the Recipient to the State under this provision must be free of any conflicts of interest, even if retention of separate legal counsel for the State is necessary. Recipient also agrees to defend, indemnify, and hold the State harmless for all costs, expenses and attorneys' fees incurred if the State prevails in an action against the Recipient in establishing and litigating the indemnification coverage provided herein. This obligation shall continue after the termination of this agreement.

Recipient shall secure and keep in force during the term of this agreement, from insurance companies, government self-insurance pools or government self-retention funds authorized to do business in North Dakota, the following insurance coverages:

1) **Commercial general liability** and **automobile liability** insurance – minimum limits of liability required are **$250,000 per person** and **$1,000,000 per occurrence**.
2) **Workers compensation** insurance meeting all statutory limits.
3) The State of North Dakota and its agencies, officers, and employees (State) shall be endorsed as an **additional** insured on the commercial general liability and automobile liability policies.
4) Said endorsements shall contain a **"Waiver of Subrogation"** in favor of the state of North Dakota.
5) The policies and endorsements may not be canceled or modified without **thirty (30) days prior written notice** to the undersigned State representative.

Recipient shall furnish a certificate of insurance evidencing the requirements in 1, 3, and 4 above to the undersigned State representative prior to commencement of this agreement.

The State reserves the right to obtain complete, certified copies of all required insurance documents, policies, or endorsements at any time. If Recipient's insurance will expire prior to the term of this agreement, Recipient shall renew the above requirements and furnish a certificate of insurance evidencing the renewal to the undersigned State representative prior to the expiration of the insurance. Any attorney who represents the State under this policy must first qualify as and be appointed by the North Dakota Attorney General as a Special Assistant Attorney General as required under N.D.C.C. Section 54-12-08.

When a portion of a Contract is sublet, the Recipient shall obtain insurance protection (as outlined above) to provide liability coverage to protect the Recipient and the State as a result of work undertaken by the Subcontractor. In addition, the Recipient shall ensure that any and all parties performing work under the Contract are covered by public liability insurance as outlined above. All Subcontractors performing work under the Contract are required to maintain the same scope of insurance required of the Recipient. The Recipient shall be held responsible for ensuring compliance with those requirements by all Subcontractors.

Recipient's insurance coverage shall be primary (i.e., pay first) as respects any insurance, self-insurance or self-retention maintained by the State. Any insurance, self-insurance or self-retention maintained by the State shall be excess of the Recipient's insurance and shall not contribute with it. The insolvency or bankruptcy of the insured Recipient shall not release the insurer from payment under the policy, even when such insolvency or bankruptcy prevents the insured Recipient from meeting the retention limit under the policy. Any deductible amount or other obligations under the policy(ies) shall be the sole responsibility of the Recipient. This insurance may be in policy or policies of insurance, primary and excess, including the so-called umbrella or catastrophe form and be placed with insurers rated "A-" or better by A.M. Best Company, Inc. The State will be indemnified, saved, and held harmless to the full extent of any coverage actually secured by the Recipient in excess of the minimum requirements set forth above.

RM Consulted 2007
Revised 5-09

NDDOT
North Dakota
Department of Transportation

BSSE - ROAD CROSSING
HWY 11

DATE: 4/29/2016 CROSSING ID #: DIC-ST-02

OWNER: NORTH DAKOTA DEPARTMENT OF TRANSPORTATION

CONTACT: DEPARTMENT OF TRANSPORTATION

TEL. NO: 701.328.2500

LOCATION

COUNTY: DICKEY

TWP: 129N

RGE: 63W

SECT: 09

DATA COLLECTION INFORMATION

LATITUDE: 46° 0' 10.972" N LONGITUDE: 98° 34' 11.012" W

SURVEY PERMISSION: (YES) (NO)

CROSSING REQUIREMENTS

-----circle one below-----

(permit) (license) (notification)

NOTES & COMMENTS:

Road Type: PAVED

Clearence over top of Road 34 FT

Distance from RM*MM 76 to Recording Point (Intersection of Centerline & Road Center) 1,084.9 FT

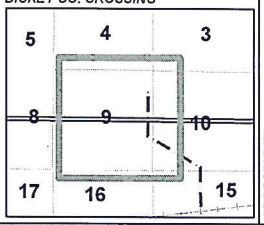
Legend

- Crossing Location
- BSSE Structures
- Section Lines
- Proposed Transmission Centerline
- Railroad
- Abandoned Railroad
- Parcel Boundaries
- 150' Proposed Transmission ROW

N W E S

0 250 500 1,000 Feet

DICKEY CO. CROSSING



DRAWN BY: KLJ, INC.

State Road Crossing Exhibit
REV. 00

Big Stone South to Ellendale (BSSE)
345kV Transmission Line Project

CROSSING ID: DIC-ST-02

Exhibit E

Data Sources: KLJ, POWER Engineers, Inc., NDGISHUB, SDGIS Coordinate System: NAD_1983_UTM_Zone_14N, Foot_US

MXD Location: J:\Power\146912108-BSSE GIS\mxd\ PDF Location: J:\Power\146912108-BSSE GIS\pdf_maps

OVERHEAD ELECTRIC ALONG, ACROSS, OR ALONG AND ACROSS

Revised Utility Conditions - April 1, 2003

NOTICE: The Recipient must comply with ALL applicable Federal, State and local laws, rules, regulations, codes, ordinances, etc., including, but not limited to North Dakota Century Code, Chapter 49-23. (ONE-CALL EXCAVATION NOTICE SYSTEM)

1. INSTALLATION AND MAINTENANCE: Installation and maintenance of said facilities on highway right of way shall conform to the following provisions:

2. Within thirty (30) days after construction, maintenance, relocation, or removal of said facilities, any right of way scars shall be removed and disturbed areas restored to original condition. Existing topsoil shall be removed prior to excavation and stockpiled until all disturbed areas are restored to original grade. The stockpiled topsoil shall be evenly and smoothly replaced over the areas disturbed by the trenches or pits.

3. Vehicles and other work equipment used to install or maintain said facilities within highway right of way shall, where possible, use established access points, service roads, driveways and approaches to enter or leave the outer portion of the right of way for the performance of necessary work operations. Such vehicles and work equipment shall not be parked on the through-traffic lanes or shoulders of the highway during installation or maintenance of said facilities.

4. Protection to the free and safe flow of the highway traffic shall be as required in accordance with the "Manual on Uniform Traffic Control Devices", current edition.

5. The Recipient will notify the District Engineer of the Department of Transportation forty-eight (48) hours prior to beginning this installation. Immediately following the final clean up of the area, the Recipient shall again notify the District Engineer of the Department of Transportation.

6. The Department of Transportation may not be the total fee owner and does not warrant the title to the highway right of way covered by the terms of this permit. The Recipient shall be responsible for reviewing the public records to determine ownerships and any encumbrances to the title of the properties covered by the terms of this permit.

7. The minimum vertical clearance above ground of said facilities within highway right of way, and the lateral clearance from highway bridges, shall conform to provisions of the latest edition of the National Electrical Safety Code.

8. If installation of said facilities across the highway necessitates temporary interruption of the flow of highway traffic, work operations shall be confined to daylight hours and flag persons shall be provided to stop traffic on each approach to the work site. Interruption of the flow of highway traffic may not exceed five (5) minutes except by special permission from the Department of Transportation or the State Highway Patrol.

9. Reflectorized guy guards shall be installed on all down guys located within highway right of way.

10. The Recipient shall indemnify, save, hold harmless, the State of North Dakota, its agencies, offices and employees, from any and all claims of any nature arising from any direct, indirect, or consequential damages to real property or business, including all costs, expenses, and attorney's fees, which may in any manner arise out of or result from this project.

Exhibit E

From:	Melissa Christensen
To:	Beach, Kathy A.
Cc:	Kevin Cummings
Subject:	BSSE - NDDOT Utility Occupancy Application and Permit (ND State Hwy 11)
Date:	Friday, April 29, 2016 12:47:18 PM
Attachments:	NDDOT_Utility Application_Submittal-DIC_ST_02_20160429.pdf ATT00001.txt

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An attachment has been removed from this message in accordance with North Dakota Enterprise Architecture Standard CT001-13.1 (www.nd.gov/itd/standards/email). The attachment is NOT recoverable.

Please contact your IT support staff or the ITD Service Desk with any concerns. You can submit an incident ticket to ITD via the web at www.nd.gov/itd/support or by phone at 701-328-4470.

Good Afternoon Kathy –

Attached for your consideration, is the completed NDDOT Utility Occupancy Application and Permit form and detailed location map, for the BSSE project's requested crossing of ND State Hwy 11. Also attached, is the insurance information previously provided for the US Hwy 281 submittal.

Should you have any questions, or need any additional information, please feel free to contact myself or Kevin Cummings (Cell: (218) 443-3377 / Email: kevin.cummings@kljeng.com) at your earliest convenience.

Thank you in advance for your assistance,

Melissa Christensen

KLJ

701-271-4876 Direct
701-893-5138 Cell
1505 S 30th Ave
Moorhead, MN 56560-5146
kljeng.com

On behalf of the Big Stone South to Ellendale Project Team

From: Kevin Cummings [mailto:Kevin.Cummings@kljeng.com]
Sent: Thursday, April 07, 2016 3:44 PM
To: Beach, Kathy A.
Subject: RE: UTILITY OCCUPANCY APPLICATION AND PERMIT - BSSE-BIG STONE SOUTH TO ELLENDALE TRANSMISSION LINE PROJECT

Good day Kathy,

Otter Tail Power is working on the insurance portion and should have the information to early next week. I will forward it on to you as soon as I receive it from Otter Tail Power.

Kevin/KLJ Moorhead

Exhibit E

From: Beach, Kathy A. [mailto:kbeach@nd.gov]
Sent: Wednesday, April 06, 2016 1:57 PM
To: Kevin Cummings <Kevin.Cummings@kljeng.com>
Subject: RE: UTILITY OCCUPANCY APPLICATION AND PERMIT - BSSE-BIG STONE SOUTH TO ELLENDALE TRANSMISSION LINE PROJECT

Kevin,

I am in the process of reviewing the attached submittal.

I see this is a crossing, but you have separate begin/end locations? Is this correct?

I am also attaching the following:

- Risk Management Appendix
- Sample Certificate of Insurance
- Insurance Coverage Consistent w/ Contract Letter – Please complete the lower portion and have the owner's authorized agent sign the letter, return to me for inclusion with permit
- Conditions
- Utility Bill

Once I receive the necessary items and clarification on location, if necessary make changes and resubmit, I will forward the permit request to the District Engineer for approval and signature.

Thanks,

Kathy Beach
Maintenance Coordinator
Valley City District NDDOT
701-845-8815 Office
701-490-2375 Cell

From: Kevin Cummings [mailto:Kevin.Cummings@kljeng.com]
Sent: Tuesday, March 22, 2016 2:52 PM
To: Beach, Kathy A.
Subject: UTILITY OCCUPANCY APPLICATION AND PERMIT - BSSE-BIG STONE SOUTH TO ELLENDALE TRANSMISSION LINE PROJECT

To: Kathy Beach, Maintenance Coordinator, Valley City District, ND-DOT

Good day Kathy,

Kevin Cummings with KLJ, the Moorhead Office, I am submitting for your consideration a Utility Occupancy Application and Permit for Otter Tail Power Company and the Big Stone South To Ellendale Transmission Line Project, 345kV transmission line.

If there is any further information or question you may have please call me direct at; (701) 271-4856, my office in Moorhead, or (218) 443-3377, to my Cell.

- The attachment include Application/Permit and Mapping of the proposed crossing over Hwy 281 south of Ellendale, ND.

Thank you,

Kevin Cummings 6

KLJ

701-271-4856 Direct
218-443-3377 Cell
1505 30th Ave. S.
Moorhead, MN 56561-0096
kljeng.com

Exhibit E

From:	Melissa Christensen
To:	Beach, Kathy A.
Cc:	Kevin Cummings
Subject:	RE: BSSE - NDDOT Utility Occupancy Application and Permit (ND State Hwy 11)
Date:	Friday, April 29, 2016 1:29:24 PM
Attachments:	20160419 Ltr NDDOT SIR.PDF 20160419 ND WSI Prem Pymt Stmt.pdf 20160419 Cmpl AEGIS COI ND DOT.PDF 20160419 Cmpl Gen Caus COI ND DOT.PDF 20160419 Ltr NDDOT Consistent Coverage.pdf

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Thank you for your prompt response, Kathy.

My apologies, the additional attachment was a .zip file, which in experience many government entities won't allow via email. I've attached the documents that were included in the previously sent .zip file, individually, for your review.

For itemization purposes, along with the application & location map you received, the additional attachments are as follows:

- Certificate of Liability Insurance - Cmpl AEGIS COI ND DOT
- Certificate of Liability Insurance - Cmpl Gen Caus COI ND DOT
- Insurance Coverage Consistent With Contract Letter - Ltr NDDOT Consistent Coverage
- OTPCO Insurance Requirements Letter – Ltr NDDOT SIR
- Workforce Safety – Certificate of Premium Payment - ND WSI Prem Pymt Stmt

Please let me know if you have any questions or need any additional information.

Thank you,

Melissa Christensen

KLJ

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701-893-5138 Cell
1505 S 30th Ave
Moorhead, MN 56560-5146
kljeng.com

From: Beach, Kathy A. [mailto:kbeach@nd.gov]
Sent: Friday, April 29, 2016 1:12 PM
To: Melissa Christensen <Melissa.Christensen@kljeng.com>
Cc: Kevin Cummings <Kevin.Cummings@kljeng.com>
Subject: RE: BSSE - NDDOT Utility Occupancy Application and Permit (ND State Hwy 11)

Just checking to see what attachments you sent with original email – see comments below –

There was one attachment –should there have been more?

Kathy Beach
Maintenance Coordinator
Valley City District NDDOT
701-845-8815 Office
701-490-2375 Cell

From: Melissa Christensen [mailto:Melissa.Christensen@kljeng.com]
Sent: Friday, April 29, 2016 12:47 PM
To: Beach, Kathy A.
Cc: Kevin Cummings
Subject: BSSE - NDDOT Utility Occupancy Application and Permit (ND State Hwy 11)

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