



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
7/31/2014

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Howalt+McDowell Insurance 300 N. Cherapa Place, Ste 601 PO Box 5113 Sioux Falls SD 57117-5113		CONTACT NAME: Chris DeSchepper, CISR, CPIW PHONE (A/C, No. Ext): (605) 339-3874 FAX (A/C, No): (605) 339-3620 E-MAIL ADDRESS: chris@howaltmcdowell.com PRODUCER CUSTOMER ID: 00012456	
INSURED Larson Grain Company 103 1st St NE LaMoure ND 58458-7206		INSURER(S) AFFORDING COVERAGE INSURER A: Austin Mutual Insurance Co NAIC # 13412 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	



COVERAGES **CERTIFICATE NUMBER:** 1415PropEquip **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Blanket Premise
See Attached Overflow Pages

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	CPP 0100326 03	8/1/2014	8/1/2015	BUILDING	\$	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
		BASIC				BUILDING	BUSINESS INCOME	\$
		BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL					RENTAL VALUE	\$
		EARTHQUAKE					BLANKET BUILDING	\$
		WIND					BLANKET PERS PROP	\$
		FLOOD					<input checked="" type="checkbox"/> BLANKET BLDG & PP	\$ 26,154,813
	<input checked="" type="checkbox"/>	Special form				10,000	<input checked="" type="checkbox"/> Blanket Stock/Grain	\$ 94,099,520
	<input checked="" type="checkbox"/>	Special form				10,000	<input checked="" type="checkbox"/> Bl w/Extra Expense	\$ 2,500,000
A	<input checked="" type="checkbox"/>	INLAND MARINE	TYPE OF POLICY	8/1/2014	8/1/2015	<input checked="" type="checkbox"/> Contractors Equipment	\$ 3,485,536	
	CAUSES OF LOSS		Inland Marine (C)			Business Income	\$	
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$	
	<input checked="" type="checkbox"/>	Equipment	CPP 0100326 03				\$	
	<input type="checkbox"/>	CRIME					\$	
		TYPE OF POLICY					\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
60 Days notice per attached CMCP003.

CERTIFICATE HOLDER (701) 328-2410 North Dakota Public Service Commission 600 E Boulevard Ave Dept 408 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 Roger Starks/RENSCK
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR MATERIAL CHANGE

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

Schedule

Designated Person or Entity: NORTH DAKOTA PUBLIC SERVICE CO

Number of Days Advance Written Notice of Cancellation:	<u>60</u>
Number of Days Advance Written Notice of Nonrenewal:	<u>60</u>
Number of Days Advance Written Notice of material change:	<u>60</u>

(Information to complete this Schedule, if not shown above, will be shown in the Declarations.)

We agree to provide the number of days advance written notice shown in the Schedule:

1. To the person or entity designated in the Schedule;
2. Of any cancellation, nonrenewal, or material change in the policy conditions when a number of days is indicated for that event in the Schedule.

Company Search Look-up

NAIC Consumer Information Source (<https://eapps.naic.org/cis/>)

[CLOSE](#)

COMPANY DEMOGRAPHICS					
Company Name:	Austin Mutual Insurance Company	FEIN:	41-0134100		
State of Incorporation:	MINNESOTA	Incorporation Date:	06/11/1896	Issue Date:	10/19/1934
Company #:	503893	NAIC #:	13412		
NAIC Group #:	311	NAIC Group Name:	Main Street Amer Grp		
Domicile Type :	Foreign	Company Type:	Property		
Status:	Active				
Effective Date:	02/01/1997				
Please select by clicking the appropriate link for additional information:					
Company Address	Line of Business	Company Contacts	Company Name Change History	Company Merger History	
COMPANY ADDRESSES					
Mailing Address		Main Administrative			
Address Line 1	PO Box 1420	Address Line 1	No Data Found		
Address Line 2		Address Line 2			
Address Line 3		Address Line 3			
City, State, Zip	Maple Grove,MN 55311-6420	City, State, Zip			
Phone	763-657-8600	Phone			
Website	www.austinmutual.com	Website			
		Fax			