OP ID: LP

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/03/2020

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.

- 1	SUE	BROGATION IS W	/AIVED, subject	to ti	ne tei	rms and conditions of th ificate holder in lieu of su	e polic	cy, certain p	olicies may i				
PRODUCER 608-786-1620								CONTACT Daniel L. Wee					
West Salem Insurance Agency 130 South Leonard St.							PHONE (A/C, No, Ext): 608-786-1620 FAX (A/C, No):						
West Salem, WI 54669 Gulbrand Wee INSURED A-1 Advanced Pumping Serv Inc N4314 County Road M West Salem, WI 54669								E-MAIL ADDRESS:					
								INSURER(S) AFFORDING COVERAGE NAIC					
								INSURER A: State Auto					
								INSURER B:					
								INSURER C:					
We	st Sa	lem, WI 54669					INSURER D:						
							INSURER E :						
								INSURER F :					
CC	VER	AGES	CER	RTIFICATE NUMBER:				REVISION NUMBER:					
I	NDICA ERTI XCLU	ATED. NOTWITHS' FICATE MAY BE IS	TANDING ANY RE SSUED OR MAY ITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE POLICY NUMBER	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	OT TO	WHICH THIS	
A	X	COMMERCIAL GENER		INSD	WVD	FOLICT NOWIBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
, ,		CLAIMS-MADE	X occur			SOC 9522914		04/26/2010	04/26/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
			X			000 3322314		04/20/2019	04/20/2020		\$	5,000	
		-								MED EXP (Any one person)	\$	1,000,000	
										PERSONAL & ADV INJURY	\$	2,000,000	
	GEN	POLICY PRO-	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
										PRODUCTS - COMP/OP AGG	\$	_,,	
Α	ALIT	OTHER:								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
, ,	ANY AUTO					DAD 0522254		04/26/2010	04/26/2020		\$.,,	
		OWNED X	SCHEDULED AUTOS			BAP 9532254		04/26/2019	04/26/2020	BODILY INJURY (Per person)	\$		
	Х		NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	_	HIRED AUTOS ONLY X	AUTOS ONLY							(Per accident)	\$		
Α	Х	UMBRELLA LIAB	X occur					04/26/2019	04/26/2020	EARLA GRUPPENAE	\$	1.000.000	
	\ <u>\</u>	EXCESS LIAB	CLAIMS-MADE	<u>-</u>		SOC 9522914				EACH OCCURRENCE	\$	-,,	
	DED X RETENTION \$ 0									AGGREGATE	\$		
Α	WOF									PER X OTH-	Φ		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE				WCP 9522916		04/26/2019	04/26/2020		\$	500,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		500,000	
										E.L. DISEASE - POLICY LIMIT	φ	500,000	
	DES	CRIPTION OF OPERAT	IONS Delow							E.L. DISEASE - POLICY LIMIT	•	,	
DES	CRIPT	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (A	CORE	⊥) 101, Additional Remarks Schedul	le may b	e attached if mor	e space is requir	ed)			
DL.	, Cital i	ioreor or Electrone?	ECCATIONO / VEHIC		TOOILE	7 101, Additional Remarks Senedul	ic, illay D	e attacirca ii iiioi	c space is requir	cuj			
CE	PTIE	ICATE HOLDER					CANCELLATION						
CITY LX City of La Crosse Sanitary & Sewer Utility La Crosse, WI 54601								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 Gulbrand Wee					