

## CERTIFICATE OF LIABILITY INSURANCE

METCO-3

DATE (MM/DD/YYYY) 11/26/14

OP ID: C1

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.

					EKTITICATE HOLDER.				·			
IMPORTANT: the terms and	If the certificate conditions of the	holder policy	is an	ADE ain p	DITIONAL INSURED, the policies may require an er	policy(i idorsen	es) must be nent. A state	endorsed. ement on th	If SUBROGATION IS WA	AIVED Infer r	, subject to lights to the	
	er in lieu of such											
PRODUCER					817-640-5035	CONTAL NAME:	UT					
Monroe & Monroe Insurance 817-640-0131 Agency, Ltd.							PHONE FAX (A/C, No, Ext): (A/C, No):					
2921 Galleria Dr., Suite 102							E-MAIL ADDRESS;					
Arlington, TX 76011 Jim Beam, CIC						INSURER(S) AFFORDING COVERAGE					NAIC #	
Jini Dean, we							RA: Great A				16691	
	west Electro -1	Tech Co	orp c	lba		INSURE						
METCO Inc Paul Knower PO Box 448 Hillsboro, WI 54634							RC:					
							INSURER D :					
							RE:					
			_			INSURE				_		
COVERAGES					NUMBER:				REVISION NUMBER:			
THIS IS TO CER	TIFY THAT THE F	POLICIES	OF I	INSUR	RANCE LISTED BELOW HAV	/E BEE	N ISSUED TO	THE INSURE	ED NAMED ABOVE FOR TH	E POI	ICY PERIOD	
INDICATED. NO CERTIFICATE M	TWITHSTANDING AY BE ISSUED C	ANY REDRIMAY F FSUCH P	EQUIR PERT. POLIC	REMEN AIN, CIES. L	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE E	OF ANY	Y CONTRACT THE POLICIES EDUCED BY PA	OR OTHER I S DESCRIBED AID CLAIMS.	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	OT TO	WHICH THIS	
Medi	E OF INSURANCE			SUBR W/D			POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
GENERAL LIABI					1				EACH OCCURRENCE	\$	1,000,000	
A X COMMERC	AL GENERAL LIABILIT	TY	х	1	02GL917465	)	12/01/14	12/01/15	DAMAGE TO BENTED	\$	100,000	
	IS-MADE X OCC	1	.	1		Ì	1	1	TALIMOLO (La decarterio)	\$	-0-	
X Pollutio		1	1	1		)	1	1		\$	1,000,000	
<u> </u>	onal Liab		1	1	,		1	ļ		\$	4,000,000	
	TE LIMIT APPLIES PE	IR:	1	1		)	1	ļ	PRODUCTS - COMP/OP AGG	\$	4,000,000	
POLICY		OC .								\$		
AUTOMOBILE L									COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO		ŀ		1		Ì	1	l		\$		
ALL OWNE	AUTOS	JLED					1	l		\$		
HIRED AUT	NON-OW	VNED		1			'	l	PROPERTY DAMAGE (Per accident)	\$		
										\$		
X UMBRELL	LIAB X OCC	:UR							EACH OCCURRENCE	\$	1,000,000	
A EXCESS L		IMS-MADE			02XS189143	1	12/01/14	12/01/15	AGGREGATE	\$	1,000,000	
DED X		10,000								\$		
WORKERS COM AND EMPLOYER							1		WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETO	R/PARTNER/EXECUTIV	VE Y/N	N/A		1		1	l	E,L, EACH ACCIDENT	\$		
OFFICER/MEMB (Mandatory In N	H)	الا	,., A	1				ļ	E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe to DESCRIPTION C	nder F OPERATIONS below									\$		
A Installation	- · <del>- · · · · · · · · · · · · · · · · ·</del>				02IM58498		12/01/14	12/01/15	Blanket		250,000	
The General Lial	oility policy inclu it provides addit o there is a writt	ludes a b itional in ten "ins	blank nsure sured	ket au ed sta I con:	ACORD 101, Additional Remarks Soutomatic additional insulatus to the certificate stract" between the name such status.	ıred	f more space is r	equired)				
CERTIFICATE H	OLDER			_		CANC	CELLATION					
		<u>;</u>			C/LACRO							
City of La Crosse						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
400 La Crosso St						AUTHORIZED REPRESENTATIVE						

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La Crosse, WI 54603



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/19/2015

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(les) 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). CONTACT NAME: PRODUCER PHONE (A/C, No. Ext): (608) 849-6873 E-MAIL ADDRESS: The Murphy Insurance Group FAX (A/C, No): (608) 849-6871 251 Progress Way Suite 300 Waunakee, Wi 53597-2520 **INSURER(S) AFFORDING COVERAGE** NAIC # INSURER A : Acuity Insurance Company 14184 INSURED INSURER B: INSURER C: Mid-West Electro-Tech Corporation dba METCO 102 Enterprise Drive INSURER D: Hillsboro, WI 54634 INSURER E INSURER F **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. ADDLISUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ \$ OTHER COMBINED SINGLE LIMIT (Éa accident) AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE X OTH AND EMPLOYERS' LIABILITY X62277 02/13/2015 02/13/2016 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** 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 City of La Crosse

400 La Crosse St. La Crosse, Wi 54603

MIDWE-1

OP ID: DG

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/17/2015

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.

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certificate holder in lieu of such endorsement(s).  PRODUCER Hofmeister Insurance Agency 806 Water Ave. PO Box 428						CONTACT Darlene Gorn PHONE (A/C, No. Ext): 608-489-2441 E-MAIL ADDRESS: dgorn@mwt.net					
	sboro, WI 54634 ven G. Hofmeister				INSURER(S) AFFORDING COVERAGE					NAIC#	
INSURED Midwest Electro-Tech Corp						INSURER A : Erie Insurance Group					
	METCO	., р			INSURER B:						
	PO Box 448 Hillsboro, WI 54634-0448	,			INSURE						
	1111195010, 111 04004-0440	,			INSURE						
					INSURE						
co	VERAGES CER	RTIFIC	ATE	NUMBER:				REVISION NUMBER:			
Ċ	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA	EME Ain,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
ISR TR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits	3		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR		<del></del>					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							SOURIUS AND STRUCT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Ą	X ANY AUTO			Q120140261		12/01/2014	12/01/2015	BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 		
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$		
									\$		
_	X UMBRELLA LIAB OCCUR			0000174440		40/04/0044	40/04/0045	EACH OCCURRENCE	\$	4,000,000	
4	EXCESS LIAB CLAIMS-MADE	-		Q360171146		12/01/2014	12/01/2015	AGGREGATE	\$	4,000,000	
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N										
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$ \$		
	DESCRIPTION OF OPERATIONS BOICE							E.L. DISEASE - POLICY LIMIT (	Đ.		
ES	LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requi	red)			
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	City of La Crosse 400 La Crosse St			LAC1001	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS.	ANCELI BE DE	LED BEFORE LIVERED IN	
La Crosse, Wi 54603					AUTHORIZED REPRESENTATIVE						