

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/15/2020

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

Continuence december of the transfer includes in the	a or oadri dile	10: 00: 110: IX(0):			
PRODUCER		CONTACT NAME: CLIENT CONTACT CENTER			
FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328		PHONE (A/C, No, Ext): 888-333-4949	664		
OWATONNA, MN 55060		E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM			
		INSURER(S) AFFORDING COVERAG		NAIC#	
		INSURER A: FEDERATED MUTUAL INSURANCE	COMPANY	13935	
INSURED	372-362-4	INSURER B:			
DIME OIL CO LLC, DIME OIL TRANSPORT, LLC 93 INDUSTRY LN WATERBURY. CT 06704-2413		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
ACCUSED ASSOCIATE NUMBER A		DEVACION N	ILABED A		

COVERAGES CERTIFICATE NUMBER: 0 REVISION NUMBER: 0

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.

TYPE OF INSURANCE	INSR	SUBR W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
				1	ļ	MED EXP (Any one person)	EXCLUDED
	N	N	6115563	10/15/2020	10/15/2021	PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
OTHER:							
AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY					,	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
				BODILY INJURY (Per person)			
	N	N	6115563	10/15/2020	10/15/2021	BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$5,000,000
EXCESS LIAB CLAIMS-MADE	N	N	6115560	10/15/2020	10/15/2021	AGGREGATE	\$5,000,000
DED RETENTION							
OTTOCK/MEMBER EXOCODED:						PER STATUTE OTH-	
	N / A					E.L. EACH ACCIDENT	
						E.L. DISEASE - EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - POLICY LIMIT	
						•	
	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR REM'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR REM'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE N DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR N N 6115563 10/15/2020 10/15/2021 DAMAGE TO RENTED PREMISES (Ea occurrence) PRODUCTS - COMPIOP AGG COMBINED SINGLE LIMIT (Ea accident) PROPERTY DAMAGE (Per accident)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.

CERTIFICATE HOLDER	CANCELLATION

0 0

A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE HOLDERS.

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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