

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

|                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------------------|------------|-----------------|--|--------------------------------------|--|--------------------------------------------|--------------|----------------------------------------------------------|-------|--------------------------------------------|-------|-------------|--|-------------|--|-------------|--|
| <b>PRODUCER</b><br><br><b>Agent or Brokers Name and Address</b>                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CONTACT NAME: ..</td> <td style="width: 50%;">FAX</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>(A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td>INSURER A : ACE American Insurance Company</td> <td>NAIC # 22667</td> </tr> <tr> <td>INSURER B : Indemnity Insurance Company of North America</td> <td>43575</td> </tr> <tr> <td>INSURER C : ACE Fire Underwriters Ins. Co.</td> <td>20702</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | CONTACT NAME: .. | FAX | PHONE (A/C, No, Ext): | (A/C, No): | E-MAIL ADDRESS: |  | <b>INSURER(S) AFFORDING COVERAGE</b> |  | INSURER A : ACE American Insurance Company | NAIC # 22667 | INSURER B : Indemnity Insurance Company of North America | 43575 | INSURER C : ACE Fire Underwriters Ins. Co. | 20702 | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| CONTACT NAME: ..                                                                                                                  | FAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| PHONE (A/C, No, Ext):                                                                                                             | (A/C, No):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| E-MAIL ADDRESS:                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| INSURER A : ACE American Insurance Company                                                                                        | NAIC # 22667                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| INSURER B : Indemnity Insurance Company of North America                                                                          | 43575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| INSURER C : ACE Fire Underwriters Ins. Co.                                                                                        | 20702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| INSURER D :                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| INSURER E :                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| INSURER F :                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |
| <b>INSURED</b><br><br><b>Exhibitor's Name (as Reserved) and Address</b><br><i>(Include subsidiaries if add'l booths reserved)</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |     |                       |            |                 |  |                                      |  |                                            |              |                                                          |       |                                            |       |             |  |             |  |             |  |

Limit for each occurrence must be set at a minimum of \$1,000,000

## COVERAGES

CERTIFICATE NUMBER:

SAMPLE

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/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|-------------------------------------------|--------------|------------------------------|----|--------------------------------|--------------|-------------------|--------------|------------------------|----|-------|----|
| A                                         | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |                                                                    |          |               | 01/01/2020              | 01/01/2021              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 2,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td></tr> <tr><td>OTHER</td><td>\$</td></tr> </table> | EACH OCCURRENCE                     | \$ 2,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 2,000,000 | MED EXP (Any one person)     | \$ | PERSONAL & ADV INJURY          | \$ 2,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ | OTHER | \$ |
| EACH OCCURRENCE                           | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                        |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                        |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| MED EXP (Any one person)                  | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| PERSONAL & ADV INJURY                     | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                        |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| GENERAL AGGREGATE                         | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                        |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| PRODUCTS - COMP/OP AGG                    | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| OTHER                                     | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
|                                           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY                                                            |                                                                    |          |               |                         | 01/01/2021              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td>OTHER</td><td>\$</td></tr> </table>                                                                                                                              | COMBINED SINGLE LIMIT (Ea accident) | \$           | BODILY INJURY (Per person)                | \$           | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$           | OTHER             | \$           |                        |    |       |    |
| COMBINED SINGLE LIMIT (Ea accident)       | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| BODILY INJURY (Per person)                | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| BODILY INJURY (Per accident)              | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| PROPERTY DAMAGE (Per accident)            | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| OTHER                                     | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
|                                           | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$                                                                                                                                                                                                               |                                                                    |          |               |                         |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td>OTHER</td><td>\$</td></tr> </table>                                                                                                                                                                                                                                                                                         | EACH OCCURRENCE                     | \$           | AGGREGATE                                 | \$           | OTHER                        | \$ |                                |              |                   |              |                        |    |       |    |
| EACH OCCURRENCE                           | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| AGGREGATE                                 | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| OTHER                                     | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
|                                           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                       | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N |          |               |                         |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr> </table>                                                                                                                                                                                               | PER STATUTE                         | OTH-ER       | E.L. EACH ACCIDENT                        | \$           | E.L. DISEASE - EA EMPLOYEE   | \$ | E.L. DISEASE - POLICY LIMIT    | \$           |                   |              |                        |    |       |    |
| PER STATUTE                               | OTH-ER                                                                                                                                                                                                                                                                                                                                              |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| E.L. EACH ACCIDENT                        | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| E.L. DISEASE - EA EMPLOYEE                | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
| E.L. DISEASE - POLICY LIMIT               | \$                                                                                                                                                                                                                                                                                                                                                  |                                                                    |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |
|                                           | <b>Commercial Crime</b>                                                                                                                                                                                                                                                                                                                             |                                                                    |          |               |                         |                         | Each Occurrence                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |              |                                           |              |                              |    |                                |              |                   |              |                        |    |       |    |

Policy Number

Ensure Policy dates cover dates of Set-up & Break-down: Must include dates of: 2/18 to 2/24/2027

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Grain Elevator and Processing Society (GEAPS) and the city of KANSAS CITY, Missouri must be named as additional insureds with respect to the insured's exhibit at the GEAPS Exchange. (AVOID PUTTING YEAR OR THE WRONG YEAR if noted (should be 2027) OR OTHER CITIES (should be Kansas City, MO)

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                         |                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Grain Elevator &amp; Processing Society (GEAPS)</b><br>2001 Killebrew Drive, Suite 112,<br>Bloomington, MN 55425 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>of Marsh USA Inc.<br><br>SAMPLE |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|