

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Current Date

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy, ertificate holder in lieu of such endors		200	100	ndorse	ment. A stat	ement on th	is certificate does not c	onfer	rights to the		
-	DUCER		(-/-		CONTACT Agent Name							
Your Insurance Company/Agent						PHONE A . A . A . A . A . A . A . A . A . A						
97	ddress				(A/C, No, Ext): Agent Number (A/C, No): E-MAIL ADDRESS:							
	ty, State Zip				ADDRE		URER(S) AFFOR	DING COVERAGE		NAIC #		
					INSURE	RA: Your	Insuranc	e Company				
INSU	RED				INSURE	RB:						
Y	our Company Name				INSURER C:							
Δ	ddress			INSURER D:								
	ity, State Zip				INSURER E :							
	ity, State Zip				INSURER F:							
				NUMBER:				REVISION NUMBER:				
I C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIR	EMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC'N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THIS EBEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP MM/DD/YYYY) LIMITS					WHICH THIS		
INSR LTR	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	INSR				(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	000 000			
	GENERAL LIABILITY	Х		Policy Number		Effective	Expiration	DAMAGE TO RENTED		000,000		
	X COMMERCIAL GENERAL LIABILITY	^		1 0110 / 1101111001		Dat	Date	PREMISES (Ea occurrence)	\$ 1,	000,000		
	CLAIMS-MADE OCCUR						Date	MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY		000,000		
								GENERAL AGGREGATE		000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		000,000		
	POLICY PRO- JECT LOC				-			COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY	Х		Dalian Namahan	1			(Ea accident)	7.00	500,000		
	ANY AUTO ALL OWNED SCHEDULED	^		Policy Number				BODILY INJURY (Per person)	\$			
	AUTOS AUTOS NON-OWNED				>			BODILY INJURY (Per accident) PROPERTY DAMAGE	200			
	HIRED AUTOS AUTOS							(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION			5				WC STATU- OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N			Policy Number				TORY LIMITS ER	10001	500 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		1 oney Ivanibor				E.L. EACH ACCIDENT		500,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		500,000 500,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	300,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ttach /	ACORD 101, Additional Remarks	Schedule	e, if more space is	required)					
De	escribe your business operation	ons										
De	escription of event											
	dditional insured shall include	. 10	ΕΛα	Croup IIC and ou	more	cubcidia	ice and at	filiatos				
A	ditional insured shall include						ies allu al	illates				
The Event Facility Owner and Manager												
CERTIFICATE HOLDER												
CERTIFICATE HOLDER						CANCELLATION						
IDEAg Group, LLC						OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C.	ANCEL	LED BEFORE		
100	American Farm Bureau Federa	atio:	n					REOF, NOTICE WILL E	BE DE	ELIVERED IN		
		aliOi	H		ACCORDANCE WITH THE POLICY PROVISIONS.							
3080 Eagandale Place						AUTHORIZED REPRESENTATIVE						
Eagan, MN 55121												
	E 6											



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	certificate holder in lieu of such endorsement(s).											
PRO	DUCER		. ,		CONTACT Agent Name							
Y	our Insurance Company/Age	nt			PHONE (A/C, No, Ext): Agent Number (A/C, No):							
Α	ddress				E-MAIL ADDRESS:							
C	ty, State Zip					ORDING COVERAGE		NAIC #				
INSU	RED				INSURER A: Your Insuran	ce Company						
					INSURER B :							
	our Company Name				INSURER C :							
А	ddress				INSURER D :							
C	ity, State Zip				INSURER F:							
co	VERAGES CER	TIFI	CATE	NUMBER:	MOOKENT.							
C	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		SUBR	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY	LIMIT	s					
	GENERAL LIABILITY			Delies Noveles	Effective Expiration	EACH OCCURRENCE	\$ 1,0	00,000				
	X COMMERCIAL GENERAL LIABILITY	X		Policy Number		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,0	00,000				
	CLAIMS-MADE OCCUR				Date Date	MED EXP (Any one person)	\$	5,000				
						PERSONAL & ADV INJURY		000,000				
						GENERAL AGGREGATE		000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:				Co	PRODUCTS - COMP/OP AGG		000,000				
	POLICY PRO- JECT LOC		-			COMBINED SINGLE LIMIT	\$					
	AUTOMOBILE LIABILITY	X				(Ea accident)		00,000				
	ANY AUTO ALL OWNED SCHEDULED	^				BODILY INJURY (Per person)	\$					
	AUTOS AUTOS NON-OWNED			(//)	▶	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$					
	HIRED AUTOS AUTOS					(Per accident)	\$					
	X UMBRELLA LIAB OCCUR					EACH OCCURRENCE	-	00.000				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 1,0	00,000				
	DED RETENTION\$					NOOKEONIE	\$					
	WORKERS COMPENSATION			1.		WC STATU- OTH- TORY LIMITS ER						
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 1.00	00,000				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE						
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,0	00,000				
100000000000000000000000000000000000000	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	Y	Attach	ACORD 101, Additional Remarks	Schedule, if more space is required)							
	escribe your business operati	ons										
	escription of event											
A	lditional insured shall include	9; [[DEA	g Group, LLC and ov	ners, subsidiaries and	affiliates						
		T	he E	vent Facility Owner	and Manager							
CERTIFICATE HOLDER CANCELLATION												
1	DEAg Group, LLC American Farm Bureau Feder	atio	n		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
(1)	080 Eagandale Place											
	agan, MN 55121				AUTHORIZED REPRESENTATIVE							
,												



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	certificate holder in lieu of such endorsement(s).										
PRO	DUCER				CONTACT Agent Name						
Y	our Insurance Company/Agen	it			PHONE (A/C, No, Ext): Agent Number (A/C, No):						
Α	ddress				E-MAIL ADDRES			W;			
C	ity, State Zip				INSURE	NAIC#					
INSU	RED			INSURE							
Υ	our Company Name				INSURE						
10.00	ddress				INSURE						
44.00					INSURE						
C	ity, State Zip				INSURE						
				NUMBER:				REVISION NUMBER:			
C	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			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY			Delieu Number			Expiration	EACH OCCURRENCE	\$ 1,0	00,000	
	X COMMERCIAL GENERAL LIABILITY	Χ		Policy Number				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,0	000,000	
	CLAIMS-MADE OCCUR					Date	Date	MED EXP (Any one person)	\$	5,000	
						7	0	PERSONAL & ADV INJURY		000,000	
						0	:01	GENERAL AGGREGATE		000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					01,0	11,0	PRODUCTS - COMP/OP AGG		000,000	
	POLICY PRO- JECT LOC			Ride & D	0	.0)	COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY	Х			Je	5		(Ea accident)		000,000	
	X ANY AUTO ALL OWNED SCHEDULED	Χ		~	12	200		BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED				, ~	Ο.		BODILY INJURY (Per accident) PROPERTY DAMAGE			
	HIRED AUTOS AUTOS			94	1	•		(Per accident)	\$		
	X UMBRELLA LIAB OCCUB	-		2.0	Ø.				\$	00 000	
	FYOTOGUAD CCCOR			. 20 . V	!			EACH OCCURRENCE		00,000	
	CLAINIS-INADE			010				AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION			100	-			WC STATU- TORY LIMITS ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			000				E.L. EACH ACCIDENT	s 1 0	00,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		250				E.L. DISEASE - EA EMPLOYEE	-		
	If yes, describe under DESCRIPTION OF OPERATIONS below			8.				E.L. DISEASE - POLICY LIMIT	100	00.000	
	DECOMI TION OF OF ENVIRONMENTAL							E.E. DIOETOE T DEIOT EMIT	v = j =		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	Attach	ACORD 101. Additional Remarks	Schedule	if more space is	s required)				
	escribe your business operation										
	12 (14 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	2112									
	escription of event					10.00		*****			
Additional insured shall include: IDEAg Group, LLC and owners, subsidiaries and affiliates											
		Th	ne E	vent Facility Owner	and I	Manager					
CE	RTIFICATE HOLDER				CANCELLATION						
	DEA - C 11 C				SHO	III D ANV OF	THE ABOVE D	ESCRIBED DOLLOISE DE C	ANCE	ED BEFORE	
	DEAg Group, LLC				10000000			ESCRIBED POLICIES BE C EREOF, NOTICE WILL			
1	American Farm Bureau Federa	atio	n					CY PROVISIONS.			
(1)	8080 Eagandale Place										
	agan, MN 55121				AUTHORIZED REPRESENTATIVE						