



# 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 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>Your Insurance Company/Agent<br>Address<br>City, State Zip | <b>CONTACT NAME:</b> Agent Name           | <b>FAX (A/C, No):</b> |               |
|   | <b>PHONE (A/C, No, Ext):</b> Agent Number |                       |               |
| <b>INSURED</b><br>Your Company Name<br>Address<br>City, State Zip             | <b>INSURER(S) AFFORDING COVERAGE</b>      |                       | <b>NAIC #</b> |
|   | <b>INSURER A:</b> Your Insurance Company  |                       |               |
|   | <b>INSURER B:</b>                         |                       |               |
|   | <b>INSURER C:</b>                         |                       |               |
|   | <b>INSURER D:</b>                         |                       |               |
|   | <b>INSURER E:</b>                         |                       |               |
| <b>INSURER F:</b>   |   |                       |               |

**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.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X         |          | Policy Number | Effective Date          | Expiration Date         | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   | X         |          | Policy Number |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <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   | Y/N       | N/A      | Policy Number |                         |                         | WC STATUTORY LIMITS<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Describe your business operations

Description of event

Additional insured shall include: IDEAg Group, LLC and owners, subsidiaries and affiliates

The Event Facility Owner and Manager

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br>IDEAg Group, LLC<br>American Farm Bureau Federation<br>3080 Eagandale Place<br>Eagan, MN 55121 | <b>CANCELLATION</b><br>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 |
|---|--|



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|   | <b>PHONE (A/C, No, Ext):</b> Agent Number |                       |
| <b>INSURED</b><br>Your Company Name<br>Address<br>City, State Zip             | <b>INSURER(S) AFFORDING COVERAGE</b>      |                       |
|   | <b>INSURER A:</b> Your Insurance Company  |                       |
|   | <b>INSURER B:</b>                         |                       |
|   | <b>INSURER C:</b>                         |                       |
|   | <b>INSURER D:</b>                         |                       |
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|          | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED <input type="checkbox"/> RETENTION \$   |  |          |               |                         |                         | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$   |
|          | <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 | N/A      |               |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                     |

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The Event Facility Owner and Manager**CERTIFICATE HOLDER****CANCELLATION**IDEAg Group, LLC  
American Farm Bureau Federation  
3080 Eagandale Place  
Eagan, MN 55121

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AUTHORIZED REPRESENTATIVE



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| <b>INSURED</b><br>Your Company Name<br>Address<br>City, State Zip             | <b>INSURER(S) AFFORDING COVERAGE</b>      |                       |
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## CANCELLATION

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