

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 certificate holder in lieu of such endors			ndorsen	nent. A stat	ement on th	is certificate does not c	onfer	rights to the		
PRODUCER				CONTACT Agent Name						
Your Insurance Company/Agent				PHONE (A/C, No, Ext): Agent Number (A/C, No):						
Address			E-MAIL ADDRES	S.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(200, 110).				
City, State Zip				INSURER(S) AFFORDING COVERAGE						
City, State Zip			INSURE							
INSURED				INSURER A: Your Insurance Company INSURER B:						
Your Company Name			INSURER C :							
Address	INSURER D :									
City, State Zip	INSURER E :									
			INSURE	RF:						
		NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR TYPE OF INSURANCE	QUIREMEN PERTAIN, T POLICIES, I ADDL SUBR	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY T BEEN R	CONTRACT THE POLICIES EDUCED BY	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
GENERAL LIABILITY	INSR WVD					EACH OCCURRENCE	000,000			
X COMMERCIAL GENERAL LIABILITY	X	Policy Number	Effe	Effective	Expiration	DAMAGE TO RENTED		000,000		
CLAIMS-MADE OCCUR	2.0		- 1	Dat	Date	PREMISES (Ea occurrence) MED EXP (Any one person)	S	5,000		
5541041152 35501				1		PERSONAL & ADV INJURY	-	000,000		
					,	GENERAL AGGREGATE		000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					1	PRODUCTS - COMP/OP AGG		000,000		
POLICY PRO- JECT LOC			_	7	- 6		\$			
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	000,000		
X ANY AUTO	X	Policy Number			- 8	BODILY INJURY (Per person)	\$			
ALL OWNED SCHEDULED AUTOS		\ (\)	b-			BODILY (NJURY (Per accident)	\$			
HIRED AUTOS NON-OWNED AUTOS		2/0				PROPERTY DAMAGE (Per accident)	\$			
							\$			
UMBRELLA LIAB CCCUR						EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE						AGGREGATE	S			
DED RETENTIONS WORKERS COMPENSATION	\vdash		-		_	WC STATU- OTH-	S			
AND EMPLOYERS' LIABILITY Y/N		Policy Number				TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	1 only 1 validos				E.L. EACH ACCIDENT		500,000		
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE		500,000		
DÉSCRIPTION OF OPERATIONS below					_	E.L. DISEASE - POLICY LIMIT	\$	300,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach A	ACORD 101, Additional Remarks	Schedule,	if more space is	required)					
Describe your business operati	ons									
Description of event										
Additional insured shall include	· IDFAg	Group IIC and ov	vners	subsidiar	ies and at	filiates				
		vent Facility Owner								
	(TIE L)	vent racinty Owner	andi	vialiagei						
CERTIFICATE HOLDER			CANC	ELLATION						
IDEAg Group, LLC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
American Farm Bureau Federation						Y PROVISIONS.	JE DE	LIVERED IN		
3080 Eagandale Place										
				AUTHORIZED REPRESENTATIVE						
Eagan, MN 55121										



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PRODUCER	oomoni(o).		CONTACT Agent	Name				
Your Insurance Company/Ager	PHONE A							
Address			E-MAIL	ile isolilibe	(A/C, NO):			
			ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC					
City, State Zip	INSURER A: YOU	NAIC #						
INSURED	INSURER B :							
Your Company Name	INSURER C :							
Address		INSURER D :						
		INSURER E :						
City, State Zip		INSURER F:						
COVERAGES CER	TIFICATE	NUMBER:		- 6	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREMEN PERTAIN, T	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS	DOCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	00.000		
GENERAL LIABILITY	V	Policy Number	Effective	Expiration	BALLAC NO BELIEFE		000,000	
X COMMERCIAL GENERAL LIABILITY	X	t oney training	Date	-	PREMISES (Ea occurrence)	s 1,0	000,000	
CLAIMS-MADE OCCUR				Date	MED EXP (Any one person)	s	5,000	
				1			000,000	
			V				000,000	
GEN'L AGGREGATE LIMIT APPLIES PER			Ca				000,000	
POLICY JECT LOC	\rightarrow				COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY		((Ea accident)		000,000	
X ANY AUTO ALL OWNED SCHEDULED	X					\$		
AUTOS AUTOS NON-OWNED		\ (/)	b-		DOODERTY BALLAGE	\$		
HIRED AUTOS AUTOS		~\0			(Per accident)	\$		
	\rightarrow	-				\$		
X UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ 1,0	00,000	
EXCESS LIAB CLAIMS-MADE						\$		
DED RETENTIONS WORKERS COMPENSATION	\vdash				WC STATU- OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						00,000	
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below	\rightarrow			_	E.L. DISEASE - POLICY LIMIT	\$ 1,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORD 101, Additional Remarks	Schedule, if more space is	required)				
Describe your business operati	ons							
Description of event								
Additional insured shall include	: IDEAg	Group, LLC and ov	vners, subsidiar	ries and at	filiates			
	The Ev	vent Facility Owner	and Manager					
CERTIFICATE HOLDER		CANCELLATION						
2			P					
IDEAg Group, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
American Farm Bureau Feder	ACCORDANCE WI			E DE	LIVERED IN			
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	DUCER			CONTACT Age	nt Name				
Your Insurance Company/Agent				PHONE (A/C, No, Ext): Agent Number (A/C, No):					
Δ	ddress			E-MAIL ADDRESS:		1,000,000			
City, State Zip				INS		NAIC#			
Annual Control of the				INSURER A: YOU					
0.000	JRED			INSURER B :					
Y	our Company Name			INSURER C :					
Δ	ddress			INSURER D :					
0	City, State Zip			INSURER E :					
		TIFICA	TE NUMBER.	INSURER F:		DEVICION NUMBER			
T IN C	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF INS	MENT, TERM OR CONDITION N, THE INSURANCE AFFORDI S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SU INSR W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY		Dallas Nombre	Effective	Expiration	EACH OCCURRENCE	s 1,0	000,000	
	X COMMERCIAL GENERAL LIABILITY	X	Policy Number		Expiration	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,0	000,000	
	CLAIMS-MADE OCCUR			Date	DECOR	MED EXP (Any one person)	s	5,000	
				i i	O.	PERSONAL & ADV INJURY	s 1,0	000,000	
				.0		GENERAL AGGREGATE	\$ 2,0	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:			110		PRODUCTS - COMP/OP AGG	s 2,0	000,000	
	POLICY PRO- JECT LOC		Product De	Strati	15		\$		
	AUTOMOBILE LIABILITY			di		COMBINED SINGLE LIMIT (Ea accident)	\$ 1.0	000,000	
	X ANY AUTO	X		20		BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS		O'	(1.			\$		
	HIRED AUTOS NON-OWNED AUTOS		00	,		PROPERTY DAMAGE (Per accident)	\$		
							\$		
	X UMBRELLA LIAB OCCUR		.0			EACH OCCURRENCE	\$ 5,0	000,000	
	EXCESS LIAB CLAIMS-MADE		100			AGGREGATE	\$		
	DED RETENTIONS WORKERS COMPENSATION	-	-0			WC STATU- OTH-	S		
	AND EMPLOYERS' LIABILITY Y/N		2			TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA	Α,			E.L. EACH ACCIDENT	-	00,000	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below	-				E.L. DISEASE - POLICY LIMIT	\$ 1,0	000,000	
- 14.63	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ch ACORD 101, Additional Remarks	Schedule, if more space i	s required)				
D	escribe your business operat	ions							
D	escription of event								
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			Event Facility Owner	- 5					
			a Event I deliney Owne	and manager					
	DTIFICATE HOLDER			CANCELLATION					
CE	RTIFICATE HOLDER			CANCELLATION					
В	DEAg Group, LLC		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	merican Farm Bureau Federa	tion							
		ILIOII							
3080 Eagandale Place				AUTHORIZED REPRESE	NTATIVE				
Eagan, MN 55121				ALTER TOP SERVICE AND DESIGNED STATES					