



CERTIFICATE OF LIABILITY INSURANCE

OP ID KL

DATE (MM/DD/YYYY)
03/09/12

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).

PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: BPROI-1	FAX (A/C, No):
Fischer, Rounds - Pierre P.O. Box 218 Pierre SD 57501-0218 Phone: 605-224-9223 Fax: 605-224-5831		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: General Casualty	24414
		INSURER B: American Compensation Ins Co	
		INSURER C: Philadelphia Insurance Cos.	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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	ADD'L SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		CCI0387776	07/20/11	07/20/12	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
A	AUTOMOBILE LIABILITY		CBA0387776	07/20/11	07/20/12	MED EXP (Any one person)	\$ 5000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PERSONAL & ADV INJURY	\$ 1000000
A	UMBRELLA LIAB		CCU0387776	07/20/11	07/20/12	GENERAL AGGREGATE	\$ 2000000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					PRODUCTS - COMP/OP AGG	\$ 2000000
B	DEDUCTIBLE		ACSD000210	01/22/12	01/22/13	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input checked="" type="checkbox"/> RETENTION \$ 10000					BODILY INJURY (Per person)	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	ACSD000210	01/22/12	01/22/13	BODILY INJURY (Per accident)	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PROPERTY DAMAGE (Per accident)	\$
C	PROFESSIONAL LIAB	N/A	PHSD618354	05/14/11	05/14/12	WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$ 1000000
						E.L. DISEASE - EA EMPLOYEE	\$ 1000000
						E.L. DISEASE - POLICY LIMIT	\$ 1000000
						Ea Claim	2000000
						Aggregate	2000000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) State of Iowa and the Iowa Secretary of State Department as additional insured on a primary basis.							

CERTIFICATE HOLDER

CANCELLATION

Iowa Secretary of State Sarah Reisetter, J.D., C.E.R.A Director of Elections 321 E. 12th St Des Moines IA 50319	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