#### IOWA SECRETARY OF STATE PAUL D. PATE



#### **CERTIFICATE OF EXISTENCE**

Issue Date: 2/27/2023

Name: VERMEER MANUFACTURING COMPANY (490 DP - 42172) Date of Incorporation: 1/3/1949 Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: CS264316

To validate certificates visit: sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State



1210 VERMEER ROAD EAST P.O. BOX 200 PELLA, IA 50219 USA

PHONE: (888) VERMEER

March 7, 2023

Jeremy Schwartz Chief Procurement Officer Sourcewell 202 12th St. NE Staples, MN 56479

Re: Vermeer Corporation Statement of Insurance / RFP 030923

Dear Mr. Schwartz

Vermeer Manufacturing Company, dba Vermeer Corporation, assumes a large, selfinsured retention for its general liability exposures. This retention is consistent with Vermeer Corporation's net worth and cash flows. Additionally, Vermeer Corporation has in place catastrophic excess liability insurance coverage. Please note on the attached certificate of insurance, Vermeer is also insured for automobile liability and workers compensation exposures in addition to an umbrella coverage. These insurance coverages are renewed annually.

It has been Vermeer Corporation's policy that we do not add additional insureds to our insurance policies since the inception of the company in 1948. Please see the attached signed letter that was included and approved as part of Sourcewell contract number 070313-VRM.

Please contact me if you have any questions concerning Vermeer Corporation's insurance program.

Sincerely,

Víckie Van Wyk

Vickie Van Wyk, CTP Cash and Investment Manager Vermeer Corporation Encl.





Vermeer 1210 Vermeer Road East Plant 1 P.O. Box 200 Pella, IA 50219 Phone: (641) 628-3141 vermeer.com

Accepted and acknowledged by the National Joint Powers Alliance® Todd Lyscio - Executive Director

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October 5, 2012

Mr. Gregg Meierhofer Manager of Bids and Contracts National Joint Powers Alliance 202 12<sup>th</sup> St. NE Staples, MN 56479

Re: Vermeer Corporation Statement of Insurance / Contract Number: 081209-VRM

Dear Mr. Meierhofer,

Vermeer Manufacturing Company, dba Vermeer Corporation assumes a large selfinsured retention for its general liability exposures. This retention is consistent with Vermeer Corporation's net worth and cash flows. Additionally, Vermeer Corporation has in place catastrophic excess liability insurance coverage. Please note on the attached certificate of insurance, Vermeer is also insured for automobile liability and workers' compensation exposures. These insurance coverages are renewed annually.

It has been Vermeer's policy to not add additional insureds to our insurance coverage since the inception of the company in 1948.

Please contact me if you have any questions concerning Vermeer's insurance program.

Sincerely,

Vickie Van Wyk, CTP Cash and Investment Manager Vermeer Corporation

Encl.





## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/31/2022

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 s	Such endorsement(s).	•							
PRODUCER 1-800-247-7756 Holmes Murphy & Associates - WDM	NAME:								
noimes mulphy & Abbociates - WDM	PHONE FAX (A/C, No, Ext): (A/C, No):								
PO Box 9207	E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE NAIO								
Des Moines, IA 50306-9207	INSURER A : ALLIED	19489							
INSURED	INSURER B :								
Vermeer Manufacturing Company	INSURER C :								
1210 Vermeer Road East	INSURER D :								
PO Box 200	INSURER E :								
Pella, IA 50219	INSURER F :								
COVERAGES CERTIFICATE NUMBER: 67058754			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.									
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			PERSONAL & ADV INJURY \$						
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OTHER:			\$						
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)						
ANY AUTO			BODILY INJURY (Per person) \$						
OWNED AUTOS ONLY SCHEDULED			BODILY INJURY (Per accident) \$						
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DED RETENTION \$			PER 0TH-						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		Ļ	PER OTH- STATUTE ER						
ANYPROPRIETOR/PARTNER/EXECUTIVE N / A			E.L. EACH ACCIDENT \$						
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$						
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$						
A Cyber Liability 03131195	11/01/22		Limit of Liability 5,	000,000					
		enace is remitted	d)						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sched	ule, may be attached if more	space is require	a)						
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	CANCELLATION								
Sourcewell	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
	ACCORDANCE WIT	H THE POLICY	Y PROVISIONS.						
PO Por 219									
PO Box 219 202 12th st NE AUTHORIZED REPRESENTATIVE									
Staples, MN 56479		$\lambda \sim$							
USA USA									
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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/31/2022

INSURED         INSURENJA TORONE COVERAGE         INVE           INSURED         INSURENJA LANDRANK MARE NE GO         33.33           INSURENJA LANDRANK MARE NE GO         22.41.5           VERMERE IN SURFACE MARE AND CAR GO         22.41.5           INSURENJA LANDRANK MARE NE GO         22.81           INSURENJA LANDRANK MARE STREEDEN         22.81           INSURENJA LANDRANK MARE STREEDEN         100.000           INSURENJA LANDRANK MARE STREEDEN HERENJA LANDRANK MARE STRE	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.										
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X       ANY AUTO       BODLLY INURY (Per person)       \$         A       X       AVKOD MATOS ONLY       X INCOVINED AUTOS ONLY       BODLY INURY (Per accident)       \$         A       X       MONCONED AUTOS ONLY       X INCOVINED AUTOS ONLY       X       INCOVINED AUTOS ONLY       \$         A       X       MURBELLA LIAB       X       OCCUR       LHA099851       11/01/22       11/01/23       EACH OCCURRENCE       \$ 10,000,000         A       X       UMBRELLA LIAB       X       OCCUR       LHA099851       11/01/22       11/01/23       EACH OCCURRENCE       \$ 10,000,000         B       WORKERS COMPENSATION       CLAIMS-MADE       Inf58007       11/01/22       11/01/23       X       STRUTE       EL EACH ACCUENT       \$ 750,000         EL       DESCRIPTION OF OPERATIONS below       Inf58007       11/01/22       11/01/23       Linescale at Fouries       750,000         C       Bitt Bidg       Contents       35848746       11/01/22       11/01/23       Linit greater than 10,000,000         Special Form/RC       Deductible       100,000       Special Form/RC       Deductible       100,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is requined)       Stoui			1E58007	11/01/22	11/01/23	COMBINED SINGLE LIMIT		00.000			
A WORED       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY         A X UNBRELLALIA       X AUTOS ONLY       X AUTOS ONLY       S         A X       UMBRELLALIA       X OCCUR       S         EXCESS LIAB       CLAIMS-MADE       S       S         DED       EXCESS LIAB       CLAIMS-MADE       S         DED       CLAIMS-MADE       S       S         MOREDROMPHISTION       S       S       S         B WORKERS COMPENSATION       N/A       11/01/22       11/01/22       S         MAD EMPLOYERS' LIABILITY       Y/N       N/A       11/01/22       11/01/22       X       STATUTE       S         B WORKERS COMPENSATION       N/A       1H58007       11/01/22       11/01/22       X       STATUTE       S       S         MAD EMPLOYERS' LIABILITY       Y/N       N/A       1H58007       11/01/22       11/01/23       X       STATUTE       S       750,000       EL       DISASE - EA EMPLOYEE \$       100,000       000       DESCRIPTION OF OPERATIONS / LOCATIONS / VEH			1150007	11/01/22	11/01/25			00,000			
AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODE TO DAMAGE       S         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S       S         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S       S         AUTOS ONLY       MURANDE       S       S       S         B       MORKERS COMPERSITIONS       S       S       S       S         AUTOS ONLY       MURANDERSCULDED'       NIA       S       S       S         AUTOS ONLY       MURANDERSCULDED'       NIA       S       S       S       S         B       MORKERS COMPERSITION SONCE       S       S       S       S						,					
Autros ONLY       Autros ONLY       Image: Constraint of the constraint	AUTOS ONLY AUTOS					, ,					
A       X       UMBRELLA LIA       X       OCCUR       LHA099851       11/01/22       11/01/23       EACH OCCURRENCE       \$ 10,000,000         A       X       EXCESS LIAB       CLAIMS-MADE       11/01/22       11/01/23       EACH OCCURRENCE       \$ 10,000,000         B       WORKERS COMPENSATION AND EMPLOYERS (LABILITY ANVROPRINTERVENCUTVE       Y/N       1H58007       11/01/22       11/01/23       X       EACH OCCURRENCE       \$ 750,000         C       B       WORKERSCHARMENT AND OFFICERMEMBEREXCLUDED? (Mandatory in NH) #yes, describe und?r       N/A       1H58007       11/01/22       11/01/23       X       ELL EACH ACCIDENT       \$ 750,000         C       BIAL       Bldg & Contents       35848746       11/01/22       11/01/23       Limit greater than 000,000       Special Form/RC Deductible       100,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       350000       Special Form/RC       100,000         Sourcewel1       Sourcewel1       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         PO Box 219 202 12th st NE Staples, NN 56479       Staples, NN 56479       Authorized Representative	X AUTOS ONLY X AUTOS ONLY					(Per accident)					
EXCESS LIAB       CLAIMS-MADE         DED       RETENTION 3         B       WORKERS COMPENSATION AND EMPYRETOR/PARTINER/EXECUTIVE       Y/N MANDEMPYRETOR/PARTINER/EXECUTIVE         Y       N/A         High address       11/01/22         11/01/22       11/01/23         X       SERVEROPARTINER/EXECUTIVE (Mandatory in HPI)         Yes, describe under DESCRIPTION OF OPERATIONS below       N/A         C       Blkt Bldg & Contents         35848746       11/01/22         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         CERTIFICATE HOLDER       CANCELLATION         Sourcewel1       Should Any OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         PO Box 219 202 12th st NE staples, MN 56479       Authorized Representative							•				
DED       RETENTION \$       Internet       Interne       Internet       In	A X UMBRELLA LIAB X OCCUR		LHA099851	11/01/22	11/01/23	EACH OCCURRENCE	Ŧ				
B       WORKERS COMPENSATION       YIN       IH58007       11/01/22       11/01/23       X   ER       EN       PR         ANDEMPORE TORPARTNERPEXECUTIVE       YIN       N/A       1H58007       11/01/22       11/01/23       X   ER       EL       EL       EL       EL       EL       EL       EL       ACCIDENT       § 750,000         C       MORMERE EXCLUIDED?       N/A       IH58007       11/01/22       11/01/23       X   ER       EL       EL       EL       EL       ACCIDENT       § 750,000         EL       DISECRIPTION OF OPERATIONS below       35848746       11/01/22       11/01/23       Limit greater than       10,000,000         Special Form/RC       Deductible       100,000       Deductible       100,000       Deductible       100,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       100,000       Deductible       100,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Sourcewell       Should Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         Sourcewell       Should Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE       THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS	EXCESS LIAB CLAIMS-MADE					AGGREGATE	<sub>\$</sub> 10,	000,000			
B       NOTE EMPLOYEES 'LABILITY AND FROME TOR PRINTER EXECUTIVE (Mandatory in NH) Hyes, describe under DESCRIPTION OF OPERATIONS below       11/88007       11/01/22       11/01/23       Image: Standard Contents in Content in Co	DED RETENTION \$						\$				
And Handhele Conversion ANALTIC Property Conversion ANA			1H58007	11/01/22	11/01/23	X PER OTH- STATUTE ER					
OFFICERMEMBEREXCLUDED?       N/A         Image: Marked and the second of the							<sub>\$</sub> 750	,000			
If yes, describe under DESCRIPTION OF OPERATIONS below       EL. DISEASE - POLICY LIMIT       \$ 750,000         C       Blkt Bldg & Contents       35848746       11/01/22       11/01/23       Limit greater than Special Form/RC Deductible       10,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       100,000         CERTIFICATE HOLDER       CANCELLATION       Should Any OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         PO Box 219 202 12th St NE Staples, MN 56479       AUTHORIZED REPRESENTATIVE	OFFICER/MEMBEREXCLUDED?	N/A					+				
C       Blkt Bldg & Contents       35848746       11/01/22       11/01/23       Limit greater than Special Form/RC Deductible       10,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       100,000         C       CANCELLATION       CANCELLATION       Secial Form/RC Deductible       100,000         CERTIFICATE HOLDER       CANCELLATION       Secial Form/RC Deductible       100,000         Sourcewell       Should Any OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         PO Box 219 202 12th St NE Staples, MN 56479       Authorized Representative	If yes, describe under										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)     100,000       DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)     100,000       CERTIFICATE HOLDER     CANCELLATION       Sourcewell     SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.       PO Box 219     AUTHORIZED REPRESENTATIVE       202 12th St NE     Staples, MN 56479			35848746	11/01/22	11/01/23		- T				
Deductible     100,000       DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)     100,000       CERTIFICATE HOLDER     CANCELLATION       Sourcewell     SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.       PO Box 219     AUTHORIZED REPRESENTATIVE       202 12th St NE     Staples, MN 56479						-	-				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         CERTIFICATE HOLDER         Sourcewell         Sourcewell         PO Box 219         202 12th St NE         Staples, MN 56479						-	100	000			
CERTIFICATE HOLDER       CANCELLATION         Sourcewell       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         PO Box 219 202 12th st NE Staples, MN 56479       Authorized representative	DESCRIPTION OF OPERATIONS // OCATIONS ///FUID		101 Additional Pamarka Sakedu	le may be attached if man	e snace is require		±00,				
Sourcewell Sourcewell PO Box 219 202 12th st NE Staples, MN 56479	DESUMETION OF OFERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached it more space is required)										
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Sourcewell Sourcewell PO Box 219 202 12th st NE Staples, MN 56479	CERTIFICATE HOLDER			CANCELLATION							
202 12th St NE Staples, MN 56479	Sourcewell THE EXPIRATION DATE THEREOF, NOTICE WILL BE DEL										
202 12th st NE Staples, MN 56479	PO Box 219 AUTHORIZED REPRESENTATIVE										
	202 12th st NE										
	USA USA										

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# SUPPLEMENT TO CERTIFICATE OF INSURANCE

NAME OF INSURED: Vermeer Manufacturing Company

Vermeer Manufacturing Company; Vermeer Charitable Foundation, Inc. Vermeer Credit Corporation Vermeer Export Corporation Vermeer Marketing Company Vermeer Underground Technology, Inc. Vermeer Freeman Manufacturing, Inc. Vermeer Domestic Distribution, Inc. Vermeer Corporation Vermeer International BV Vermeer (Beijing) Manufacturing Limited Vermeer Asia Pacific Pte. Ltd. Vermeer Latin America Vermeer EMEA, BV Vermeer China Ltd. Vermeer Tianjin Manufacturing Co., Ltd Vermeer Beijing Trading & Service Co. Vermeer Shanghai Trading & Service Co. Vermeer Equipment India Private Limited Vermeer International Holdings B.V. Vermeer Equipment Holdings of South Africa B.V. Vermeer FI B.V. HDD Broker, LLC Vermeer SEA Pte. Ltd Vermeer (SEA) Malaysia SDN BHD Vermeer Equipamentos e Tecnologias Ltda Vermeer Equipment Holdings Chile B.V. Vermeer Chile SpA Vermeer Manufacturing International Goes B.V.