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

شر مها

October 5, 2012

Mr. Gregg Meierhofer Manager of Bids and Contracts National Joint Powers Alliance 202 12th 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.									
INSR ADDL SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE \$						
			DAMAGE TO RENTED						
			MED EXP (Any one person) \$						
			PERSONAL & ADV INJURY \$						
GEN'L AGGREGATE LIMIT APPLIES PER:		F	GENERAL AGGREGATE \$						
		-	PRODUCTS - COMP/OP AGG \$						
OTHER:			\$						
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)						
ANY AUTO			BODILY INJURY (Per person) \$						
OWNED AUTOS ONLY SCHEDULED			BODILY INJURY (Per accident) \$						
HIRED NON-OWNED		F	PROPERTY DAMAGE \$						
		F	(Per accident) \$						
		F	EACH OCCURRENCE \$						
CLAIMS-MADE			AGGREGATE \$						
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)						
	A 4 1 6 - 1 6 - 1 6 - 1								
	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									
© 1988-2015 ACORD CORPORATION. All rights reserve									

The ACORD name and logo are registered marks of ACORD



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.										
PRODUCE 1-860-247-7756 Comparison Comparison <thcomparison< th=""> Comparison Compari</thcomparison<>	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										
Notices Putry & Associates - NUM Notices Plant				CONTACT).						
PD Dox 9207 IAU BED: IAU BED: AddRESS: INSURERGI, AFORDING COVERAGE IAU BED: INSURERGI, INSURERGI, AFORDING COVERAGE IAU BED: INSURERGI, INSURERGI, INSURANCE LIST EDED. INSURERGI, INSURERGI, INSURANCE AND COVERAGE IAU BED: INSURERGI, INSURERGI, INSURANCE LIST EDED. INSURERGI, INSURERGI, INSURANCE AND COVERAGE IAU BED: INSURERGI, INSURERGI, INSURANCE LIST ED BED.WI HAVE BED. INSURED AND BOOK FOR THE POLICY DEPOD INSURERGI INSURANCE AND FOR THE POLICY DEPOD THIS IS TO CENTRY THAT THE POLICES OF INSURANCE LISTED BED.WI HAVE BED. INSURE DIALOR DOLLARS IN WITH HESE TO ANALYSEE TO WHICH THE INSURANCE ANTOREO BY THE FOLICIES DESCRIED HEREIN IS SUBJECT TO ALL THE TERMS. TO COVERAGES CENTIFICATE NUMBER: 67:0893 REVISION NUMBER: TYPE OF NUMARCE ANT DELY POLICY END INTEG ON ROUGH AND THE INSURANCE ANTOREO BY THE FOLICIES DESCRIED HEREIN IS SUBJECT TO ALL THE TERMS. TYPE OF NUMARCE ANT DELY POLICY END INTEG ON ROUGH AND THE INSURANCE ANTOREO BY THE FOLICIES DESCRIED HEREIN IS SUBJECT TO ALL THE TERMS. TYPE OF NUMARCE AND ROUGH AND THE INSURANCE ANTOREO BY THE FOLICIES DESCRIED POLICY END INTEG ON ROUGH AND THE TERMS INTO AND THE INSURANCE ANTOREO BY THE FOLICIES INSURANCE ANTOREO BY THE FOLICY INSURANCE AND THE INSURANCE ANTOREO BY THE FOLICY INSURANCE AND NUMY INSURANCE AND NUM		2 00	0 217 7700	NAME:							
Do Box 2927 ADDRESS INSURER(I) AFFORDMC COVERAGE INSURER(I) Des Addines, IA 50306-9207 INSURER I, LANDRARK AMER, LINE CO 33336 NUMBER INSURER I, LANDRARK AMER, LINE CO 22281 J120 Vermeer Manufacturing Company INSURER I, INSURER I, INS CO 22281 J120 Vermeer Manufacturing Company INSURER I, INS CO 22281 J120 Vermeer Manufacturing Company INSURER I, INS CO 22281 J120 Vermeer Manufacturing Company INSURER I, INS CO 22281 J120 Vermeer Manufacturing Company INSURER I, INS CO 22081 J120 Vermeer Manufacturing Company INSURER I, INS CO 22081 J120 Vermeer Manufacturing Company INSURER I, INS CO 22081 J120 Vermeer Manufacturing Company INSURER I, INSURER				(A/C, No, Ext): (A/C, No):							
Desk Bolines, TA 50306-2027 INSURED A: LINERADA: AMER. THE CO 33338 INSURED : LINERADE: MAINIFACTURING COMPANY INSURED : LINERADE: MAINIFACTURING COMPANY 22281 1210 Vermeer: Road Bast: INSURED : LINERADE: FEDERAL INS CO 22281 INSURED : LINERADE: FEDERAL INS CO 22281 INSURED : LINERADE: FEDERAL INS CO 22281 INSURED : LINE ADDREE: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED BADOF FOR THE POLICY FENDO INSURED : SUBJECT OF LINERADE: LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED BEADER FOR THE POLICY FENDO INSURED : SUBJECT OF LINERADE: LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED BEADER FOR THE POLICY FENDO INSURED : SUBJECT OF LINERADE: LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED BEADER FOR THE POLICY FENDO INSURED : SUBJECT OF LINER INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED CAMED BEADER FOR THE POLICY FENDO INSURED : SUBJECT OF LINER INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED CAMED BEADER FOR THE POLICY FENDO INSURED : LISTED ADDREE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED CAMED BEADER FOR THE POLICY FENDO INSURED : LISTED ADDREE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED CAMED BEADER FOR THE POLICY FENDO INSURED : LISTED ADDREE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED CAMED BEADER FOR THE POLICY FENDOLS BEADER INSURED : LISTED ADDREE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED CAMED BEADER FOR THE POLICY FENDOLS BEADER INSURED : LISTED ADDREE IN THE POLICY MARKEE INTO THE	PO Box 9207			ADDRESS:							
NUMBED Musers 0 21.10 VEXTORE MAIL SALE COMPANY MUSERS 1: MPC CAS CO 21.21.5 121.0 Verseer Road East MUSERS 1: MPC CAS CO 20.20.1 PD BX 200 MUSERS 1: MPC CAS CO 20.20.1 MURRE 0: MUSERS 1: MPC CAS CO 20.20.1 MURRE 1: MURRE 1: MPC CAS CO 20.20.1 MURRE 1: MURRE 1: MPC CAS CO 20.20.1 MURRE 1: MURC 1: MPC CAS MURRE 1: MPC CAS CO 10.00.1 MURRE 1: MURC 1: MPC CAS MURRE 1: MPC CAS CO 10.00.0 MURRE 1: MURC 1: MPC CAS CO 11.00.2 11.00.2 MURRE 1: MP				INSURER(S) AFFORDING COVERAGE				NAIC #			
Vermeer: Ranufacturing Company INSURE 0:	Des Moines, IA 50306-9207			INSURER A: LANDMARK AMER INS CO				33138			
IDURATE DEVENDENT DURATE DURATE <thdurate< th=""> <thdurate< th=""> <thdurate< td=""><td colspan="2">INSURED</td><td colspan="4">INSURER B: EMPLOYERS MUT CAS CO</td><td>21415</td></thdurate<></thdurate<></thdurate<>	INSURED		INSURER B: EMPLOYERS MUT CAS CO				21415				
1310 Verseer Road East balls, IA 50233 INJURGE 0: Injurge 0: Inj	Vermeer Manufacturing Company			INSURER C : FEDERA	L INS CO			20281			
District 2001 Insurer F: Insurer F: Pallar, TA: S013 Insurer F: Insurer F: OPERAGES CENTERCATE NUMBER: \$7058623 Insurer F: District D: NOTWERD ALLAR DAUGE (SETHORNOF LIST DECONTINUE DESIDED TO THE PALICIES ON MUMERIATION DEL STATUS ON OTHER DAUGE PARTICIES IN SUBJECT TO WHICH THE PALICIES CONTINUE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE SEEN REDUCE BY PAID CLAMS. INSURT COUNTERING C STORE ON MAY PERTAIN THE INSURANCE LIST DECONTINUE PARTICIES ON CONDUCTION OF ANY CONTINUE TO ALL THE TERNS. INSURT COUNTERING C STORE ON MAY PERTAINT. THE INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE SEEN REDUCED BY PAID CLAMS. INSURT COUNTERING C STORE ON MAY PERTAINT. THE INSURANCE AND CONDUCTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE SEEN REDUCED BY PAID CLAMS. INSURT COUNTERING C STORE ON MAY PERTAINT. INSURT COUNTERING C STORE DEPRESENT ON THE COUNTERING C STORE DEPRESENT ON THE INSURANCE AND COUNTERING C STORE DEPRESENT ON THE INS	1210 Vormoor Boad Fast										
Palla, IX 9029 INSURER F: Insurer F: COVERAGE CENTERCATE NUMBER: \$7038893 BEVISION NUMBER: SetUSION NUMBER: TINGICATED. NOTWITETANING ANY REQUIREMENT. TENS OR CONDITION OF ANY CONTRACT OR OTHER DOLLINGS NEEDENT HE REPORT OF MUNICE NAME: NAME: NAME											
COVERAGES CENTIFICATE NUMBER: *0735#93 REVISION NUMBER: THIS IS TO CENTFY THAT THE POULCES OF INDERANCE LISTS DE TO THE INSURED TO THE POULCES OF INDERANCE LISTS DE TO THE INSURED TO THE POULCES OF MARKED AND ENDER FOR THE FOLLOW FERMION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SECURICULAR WITH RESPECT TO WHICH THE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EEEN REDUCED BY PAID CLAMB. Note of NUMBER TO THE INSURED TO THE POLICIES OF MARKED BY PAID CLAMB. MODILY PAID CLAMB. II/01/22 II/01/23 II/01/23 II/01/23 II/00.000 A COMMERCAL GENERAL LIABURY ILHAI13580 II/01/22 II/01/22 II/01/23 II/01/23 II/00.000 B COMMERCAL GENERAL LIABURY ILHAI13580 II/01/22 II/01/22 II/01/23 II/01/23 II/01/23 II/00.000 B CLAMSHADE X OCCUR ILHAI13580 II/01/22 II/01/22 II/01/23 II/01/23<	Pella, IA 50219										
THIS TO CERTIFY THAT THE FOLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE NOMED ABOVE FOR THE FOLCY PERIOD INDICATE. NORWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT TO ROTHER DOLLARS. EXCLUSIONS ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT ANY CONTRACT. INDICATE. NORWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF PAID CLAMS. INDICATE. NAN DE 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 REPUECE DE PAID CLAMS. INDICATE. NAN CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPUECE DE PAID CLAMS. INDICATE. NAN CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPUECE DE PAID CLAMS. INDICATE. NAN CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPUECE DE PAID CLAMS. INDICATE. NAN CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPUECE DE PAID CLAMS. INDICATE. NAN CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPUECE DE PAID CLAMS. INDICATE. NAN CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPUECE DE PAID CLAMS. INDICATE. NANCE INDICATE. NANCE PAID CLAMS. INDICATE. NANCE INDICATE. NANCE INDICATE. NANCE INDICATE. NANCE INDICATE. NANCE INDICATE. NANCE INDICATE. NANCE INDICATE. NANCE INDICATE. NANCE INDICATE.		TIFICATE	NUMBER: 67058693			REVISION NUMBER					
NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TENIN OR CONDITION OF ANY CONTRACT DR OTHER DOCUMENT WITH RESPECT TO WHICH THESE CERTIFICATE MAY BE ISSUED ON MAY PERSIMAN THE INSURANCE AFFORDED BY THE POLICED BSCRIBED HERIN IS SUBJECT ON LLT THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY THAVE BEEN REDUCED BY PAD CLAMS. INVENTION OF SUCH POLICIES. LIMITS SHOWN MAY THAVE BEEN REDUCED BY PAD CLAMS. INVENTION OF SUCH POLICIES. INVENTION INVENTION </td <td colspan="11"></td>											
LTR TYRE OF INSURANCE INSURA INSURANCE INSURANCE INSURA	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,										
A X COMMERCIAL GENERAL LUBBLITY LEALI3580 11/01/22 11/01/22 11/01/22 ACH OCCURENCE S 1,000,000 GENERAL CAME-AMORE X COMMERCIAL GENERAL LUBBLITY X LEALI3580 11/01/22 11/01/23 EACH ACCOUNT MERCINERS 0.00,000 A X MINBERCIAL LUBB X OCCUR CENTRICAL MARCINERS S 0.00,000 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	INSR LTR TYPE OF INSURANCE		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s				
control 0.0000 certificate Holder 0.0000 certificate Holder 1858007 11/01/22 11/01/22 11/01/22 11/01/22 11/01/22 11/01/22 000ur NULRY (reperson) 3	A X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	• ·	-			
CERTIFICATE HOLDER INFS8007 11/01/22 11/01/22 11/01/23 COMMERCE SCHERCUTE \$ 2,000,000 B AUTOMODILE LABILITY IB58007 11/01/22 11/01/22 11/01/23 COMMENDE SINGLE LABILITY SCHEDULY NUMPY (Per postor) SCHEDULED SCHEDULY NUMPY (Per postor) \$ 1,000,000 A X UNDERCLAILE X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY SCHEDULY NUMPY (Per postor) \$ 000LY INUMPY (Per postor) B AUTOS ONLY X AUTOS ONLY X AUTOS ONLY SCHEDULED IHA099851 11/01/22 11/01/23 B MORRELS ALBB CLAURE KAMOE LHA099851 11/01/22 11/01/23 SCHEDULY NUMPY (Per postor) B MORRELS COMPENSATION SCHEDULY NUMPY (Per postor) S 0 S 0000 S 0000 B MORRELS COMPENSATION INFS8007 11/01/22 11/01/23 X PERCIPATION S 0000 C CALLE BIDG COMPENSATION N/A INFS8007 11/01/22 11/01/23 X PERCIPATION S 750,000 C LUBES ALBE COMPENSATION N/A INFS8007 11/01/22 11/01/23 X PERCIPATION S 750,000 C LUBES ALBE ALBRITY N/A INFS8007 11/01/22 11/01/23 X PERCIPATION S 750,000 C LUBES ALBRITY S 750,000 S 0000 S 0000 S 00000 S 00000 S 000000 DESCRIPTION OF OP						, , , , , , , , , , , , , , , , , , , ,					
GENT-AGGREGATE LIMIT APPLIES PER: CONTRACT POLICY LEGY B AUTOMOBILE LABILITY I 11/01/22 I 11/01/22 I 11/01/22 I I AUTOMOBILE LABILITY IE58007 I 11/01/22 I III/01/22 I III/01/23 I I						,	• ·				
PolLCY JEC X PRODUCTS COMPRESSINGLE LIMIT B AUTOMOBILE LABLITY 1258007 11/01/22 11/01/22 11/01/22 X MAY AUTO SCHEDULED SCHEDULED SCHEDULED AUTOS ONLY X AUTOS ONLY X SCHEDULED AUTOS ONLY X AUTOS ONLY X SCHEDULED A X MURCE COMPRESSIONEL LIMIT SCHEDULED B WORKERS COMPRESSIONE 11/01/22 11/01/23 EACH OCCURRENCE \$ 10,000,000 B WORKERS COMPRESSIONE IH58007 11/01/22 11/01/23 SCHEDULED SCHEDULED MURCERS COMPRESSIONE IH58007 11/01/22 11/01/23 SCHEDULED SCHEDULED B WORKERS COMPRESSIONE IH58007 11/01/22 11/01/23 SCHEDULED SCHEDULED CERTIFICATE MOLDEY IN/A IH58007 11/01/22 11/01/23 SCHEDULED SCHEDULED DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarke Schedule, may be attached if more space is required)						PERSONAL & ADV INJURY	• ·	-			
OULT						GENERAL AGGREGATE	Ŧ				
B AUTOMOBLE LABILITY 1E58007 11/01/22 11/01/23 12/01/23 Common Secret Lumit in the control in t						PRODUCTS - COMP/OP AGG		00,000			
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	_{\$} 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							_{\$} 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)										
Sourcewell Sourcewell PO Box 219 202 12th st NE Staples, MN 56479											
Sourcewell Sourcewell PO Box 219 202 12th st NE Staples, MN 56479											
Sourcewell Sourcewell PO Box 219 202 12th st NE Staples, MN 56479											
Sourcewell Sourcewell PO Box 219 202 12th st NE Staples, MN 56479											
Sourcewell Sourcewell PO Box 219 202 12th st NE Staples, MN 56479											
Sourcewell Sourcewell PO Box 219 202 12th st NE Staples, MN 56479											
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										

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.

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.