

**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

A handwritten signature in black ink that reads "Paul D. Pate".

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, self-insured 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,

Vickie Van Wyk

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

Vermeer®



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®

By Todd Lyscio Dated 10/10/12
Todd Lyscio - Executive Director

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 self-insured 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 such endorsement(s).

PRODUCER Holmes Murphy & Associates - WDM PO Box 9207 Des Moines, IA 50306-9207	1-800-247-7756	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: ALLIED WORLD ASSUR CO US INC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 19489
INSURED Vermeer Manufacturing Company 1210 Vermeer Road East PO Box 200 Pella, IA 50219			

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Cyber Liability			03131195	11/01/22	11/01/23	Limit of Liability 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Sourcewell PO Box 219 202 12th St NE Staples, MN 56479 USA	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
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ACORD 25 (2016/03)

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Lweeks wdm
67058754



CERTIFICATE OF LIABILITY INSURANCE

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

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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 such endorsement(s).

PRODUCER Holmes Murphy & Associates - WDM PO Box 9207 Des Moines, IA 50306-9207	1-800-247-7756	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: LANDMARK AMER INS CO INSURER B: EMPLOYERS MUT CAS CO INSURER C: FEDERAL INS CO INSURER D: INSURER E: INSURER F:	NAIC # 33138 21415 20281
INSURED Vermeer Manufacturing Company 1210 Vermeer Road East PO Box 200 Pella, IA 50219			

COVERAGES

CERTIFICATE NUMBER: 67058693

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			LHA113580	11/01/22	11/01/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1E58007	11/01/22	11/01/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			LHA099851	11/01/22	11/01/23	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	1H58007	11/01/22	11/01/23	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 750,000 E.L. DISEASE - EA EMPLOYEE \$ 750,000 E.L. DISEASE - POLICY LIMIT \$ 750,000
C	Blkt Bldg & Contents			35848746	11/01/22	11/01/23	Limit greater than 10,000,000 Special Form/RC Deductible 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Sourcewell PO Box 219 202 12th St NE Staples, MN 56479 USA	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
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Lweeks wdm
67058693

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
10/31/2022

NAME OF INSURED: Vermeer Manufacturing Company

Schedule of Named Insureds:

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.