

PRODUCER:

Willis of Minnesota, Inc.
4000 Olson Memorial Hwy Suite 300
Minneapolis, MN 55422

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED:

COMPANY NAME
COMPANY ADDRESS
CITY, ST ZIP
PHONE NUMBER

SAMPLE

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

COVERAGES

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractor's Prot General Aggregate Limit applies <input checked="" type="checkbox"/> Per project aggregate <input type="checkbox"/> Per policy aggregate	#GL1235689	06/01/17	06/01/18	Each Occurrence	\$ 1,000,000
					Damage to Rented Premises (ea occurrence)	\$ 500,000
					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	Automobile Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability	AL0789654	06/01/17	06/01/18	Combined Single Limit	\$
					Bodily Injury (Per Person)	\$ 1,000,000
					Bodily Injury (Per Accident)	\$ 1,000,000
					Property Damage	\$ 1,000,000
C	Excess Liability <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form	*UL4471943	06/01/17	06/01/18	Each Occurrence	\$ 1,000,000
					Aggregate	\$ 1,000,000
A	Worker's Compensation and Employers' Liability The Proprietor/Partners/Executive Officers Are: Incl [X] Excl []	WC12345600	06/01/17	06/01/18	XX	Statutory Limits
					Each Accident	\$ 500,000
					Disease - Policy Limit	\$ 500,000
					Disease - Each Employee	\$ 500,000
D	Other <input checked="" type="checkbox"/> Contractors Pollution Claims Made Coverage	CP1236789	08/01/17	08-01-18	\$2,000,000 Each Pollution Incident \$2,000,000 Aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Project Description:

Kwik Trip, Inc and Convenience Store Investments (C.S.I) are added as additional insureds with respect to General Liability and Excess/Umbrella Liability per endorsement ISO Form CG 20 37 07 04 and CG 20 10 07 04 – or their equivalents. Such coverage afforded by the "additional insured" endorsement shall be primary insurance and non-contributing or excess with any insurance carried by the additional insureds. Policies marked "*" above are endorsed to waive Insurer's right of subrogation against Kwik Trip, Inc. and Convenience Store Investments (C.S.I.).

CERTIFICATE HOLDER

vendors@kwiktrip.com

Kwik Trip Incorporated
1626 Oak Street
La Crosse, WI 54602-2107

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT

AUTHORIZED SIGNATURE: