DATE	(MM/DD/YYYY)
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CERTIFICATE OF LIABILITY INSURANCE

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).

		CONTACT:				
PRODUCER:		NAME:				
		PHONE:	FAX:			
	NAME, ADDRESS AND CONTACT INFORMATION FOR	(A/C, No, Ext):	(A/C, No):			
	YOUR INSURANCE COMPANY OR THE AGENT/BROKER ISSUING THE CERTIFICATE	E-MAIL ADDRESS:				
		INSURER(S) A	INSURER(S) AFFORDING COVERAGE			
		INSURER A:				
INSURED:		INSURER B:				
		INSURER C:				
	LEGAL NAME AND ADDRESS OF YOUR FIRM	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		ADDL			POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS
	GENERAL LIABILITY			COMPLETE THESE SECTIONS			EACH OCCURRENCE DAMAGE TO RENTED	\$
	COMMERCIAL GENERAL LIABILITY			EVIDENCING ALL COVERAGES.			PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR			WITH APPLICABLE LIMITS OF			MED EXP (Any one person)	\$
				INSURANCE REQUIRED BY OUR CONTRACT OR PURCHASE			PERSONAL & ADV INJURY	\$
				ORDER WITH YOU. INCLUDE ALL			GENERAL AGGREGATE	\$
	GENL AGGREGATE LIMIT APPLIES PER:			POLICY NUMBERS, POLICY EFFECTIVE DATES AND POLICY			PRODUCTS - COMP/OP AGG	\$
	PRO- JECT LOC			EXPIRATION DATES. SHOW				\$
	AUTOMOBILE LIABILITY			INSURANCE COVERAGES IN EFFECT OR TO BE EFFECTIVE			COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO			CONCURRENTLY WITH CONTRACT OR PURCHASE			BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS		ORDER. COMPLETE ALL APPLICABLE SECTIONS. INCOMPLETE CERTIFICATES MAY			BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
				BE RETURNED AND COULD RESULT IN DELAYS AND/OR				\$
	UMBRELLA LIAB OCCUR			FAILURE TO EXECUTE CONTRACT			EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE		OR PURCHASE ORDER	OR PURCHASE ORDER WITH YOU!	E ORDER WITH YOU!		AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below			PLEASE MARK "X" THE			WC STATU- OTH- TORY LIMITS ER	
				STATUTORY LIMITS BOX WHEN APPLICABLE FOR WORKERS COMPENSATION COVERAGE.			E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	OTHER (for example, PROFESSIONAL LIABILITY, INSTALLATION FLOATER, AIRCRAFT LIABILITY, RAILROAD LIABILITY, ENVIRONMENTAL LIABILITY) SHOW APPLICABLE LETTER FROM ABOVE OF INSURANCE COMPANY AFFORDING EARLING AND INDIVIDUAL REQUIRED POLICY.			MPANY AFFORDING EACH	\$			

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

IT IS AGREED THAT WESTERN FARMERS ELECTRIC COOPERATIVE, ITS SUBSIDIARIES, TRUSTEES, DIRECTORS, OFFICERS, AND EMPLOYEES ARE ADDED AS ADDITIONAL INSUREDS UNDER THE GENERAL LIABILITY, AUTOMOTIVE LIABILITY AND EXCESS LIABILITY POLICIES. ALL INSURANCE COMPANIES LISTED ABOVE AGREE TO WAIVE ANY AND ALL RIGHTS OF SUBROGATION OR RECOVERY AGAINST WESTERN FARMERS ELECTRIC COOPERATIVE, ITS SUBSIDIARIES, TRUSTEES, DIRECTORS, OFFICERS, AND EMPLOYEES.

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.

AUTHORIZED REPRESENTATIVE
ORIGINAL SIGNATURE OF INSURER, AGENT OR BROKER

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