



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/16/2014

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).

<b>PRODUCER</b> Range Reliable Agency Inc 131 8th Street S P.O. Box 941 Virginia MN 55792-	<b>CONTACT NAME:</b> Boyd Carlblom <b>PHONE (A/C, No, Ext):</b> (218) 749-8340 <b>FAX (A/C, No):</b> (218) 749-3207
	<b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> ORI Recovery Inc
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>NAIC #</b>
<b>INSURED</b> ORI Recovery Inc DBA: ORI Environmental 308 N Fonshill Ave Oklahoma City OK 73117-	<b>INSURER A :</b> SWETT INSURANCE MANAGERS 17370
	<b>INSURER B :</b> GREAT DIVIDE INS/ BERKLEY SPEC 25224
	<b>INSURER C :</b>
	<b>INSURER D :</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

**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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y	Y	ECPO 1534550-13	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				/ /	/ /	MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> CONTRS POLL LIABILITY				/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
					/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
					/ /	/ /	PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							NOWND \$
B	AUTOMOBILE LIABILITY	Y	Y	BAP 1534549-13	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				/ /	/ /	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				/ /	/ /	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				/ /	/ /	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				/ /	/ /	\$
<input checked="" type="checkbox"/> MCS-90 & CA9948				/ /	/ /	\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y	FFX 1534551-13	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 6,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				/ /	/ /	AGGREGATE \$ 6,000,000
	DEDUCTIBLE				/ /	/ /	\$
	RETENTION \$				/ /	/ /	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	WCA 1547213-13	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	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		/ /	/ /	E.L. EACH ACCIDENT \$ 1,000,000
					/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
					/ /	/ /	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
<b>APPLIES WHEN REQUIRED BY WRITTEN CONTRACT-</b>				WAIVER OF SUBRO & ADD'L INSUR, PRIMARY/NON-CONTRIB	/ /	/ /	

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

<b>CERTIFICATE HOLDER</b> ( ) - ( ) -  FOR INFORMATIONAL PURPOSES ONLY	<b>CANCELLATION</b> 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 