



West Bend Mutual Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

Endorsement

Commercial Lines Policy Declaration

Customer Number: 0110209306
Policy Number: 1064804 08

Policy Period: 04/10/2017 to 04/10/2018
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
England Prairie Pioneer Club
PO Box 221
Verndale, MN 56481

Agency Name and Address: 22542
LARSON INSURANCE OF ALEXANDRIA
415 BROADWAY
ALEXANDRIA, MN 56308
320-763-6916

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

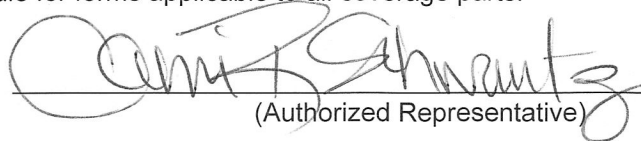
This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Coverage Part	Premium
Commercial Property Coverage	\$3,634.00
Commercial General Liability Coverage	\$915.00
Commercial Inland Marine Coverage = 4 husgwanna to haul down road	\$153.00
Total Premium:	\$4,702.00
Minnesota Fire Safety Surcharge:	\$18.17
Total Including Taxes, Fees and Surcharges:	\$4,720.17

This is not a bill. A billing invoice will be sent separately.

See attached schedule for forms applicable to all coverage parts.

Countersignature


(Authorized Representative)

Date

4-3-17

4-17 Julie



West Bend Mutual Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

Renewal

Commercial Lines Policy Declaration

Customer Number: 0110209306

Policy Number: 1064804 08

Policy Period: 04/10/2017 to 04/10/2018

at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:

England Prairie Pioneer Club

28497 Owl Dr

Browerville, MN 56438

Agency Name and Address:

22542

LARSON INSURANCE OF ALEXANDRIA

415 BROADWAY

ALEXANDRIA, MN 56308

320-763-6916

Named Insured Schedule

England Prairie Pioneer Club