

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/28/2024

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).

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PRODUCER MARSH USA LLC.		CONTACT NAME:	_
CA License #0437153		PHONE (A/C, No, Ext):	FAX (A/C, No):
1301 5th Avenue, Suite 1900		E-MAIL ADDRESS:	
Seattle, WA 98101-2682 Attn: Seattle.certreguest@marsh.co	m / Fax: 212-948-4326	INSURER(S) AFFORDING COVERAGE	NAIC#
CN102197661-STND-ALL-23-24		INSURER A: Greenwich Insurance Company	22322
INSURED Lumen Technologies, Inc.		INSURER B: XL Specialty Insurance Co.	37885
and all subsidiaries, including but no	ot limited to:	INSURER C : Allianz Underwriters Ins Co	36420
Qwest Corporation; Embarq Corporation	ation; Level 3 Communications, LLC and	INSURER D:	
CenturyLink Communications, LLC 100 CenturyLink Dr.		INSURER E :	
Monroe, LA 71203		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	SEA-004005433-01 REVISION NUI	MBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Χ	COMMERCIAL GENERAL LIABILITY	Х	Х	RGD500033311	09/01/2023	09/01/2024	EACH OCCURRENCE	\$ 3,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	Χ	CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 15,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 15,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY	Х	Х	RAD500033411	09/01/2023	09/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	Χ	ANY AUTO			Auto Physical Damage - Self Insured			BODILY INJURY (Per person)	\$
	Χ	OWNED SCHEDULED AUTOS ONLY							\$
	Χ	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
С	Χ	UMBRELLA LIAB X OCCUR	Х	Х	U5Z000023220	09/01/2023	09/01/2024	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
		DED RETENTION\$							\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY		Х	RWD500032911 (AOS)	09/01/2023	09/01/2024	X PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		RWR500033011 (WI)	09/01/2023	09/01/2024	E.L. EACH ACCIDENT	\$ 1,000,000
В	(Mar	ndatory in NH)	117.5		RWE500033111 (WA)	09/01/2023	09/01/2024	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
В	If yes	s, describe under CRIPTION OF OPERATIONS below			RWE500033211 (OH)	09/01/2023	09/01/2024	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Tec	hnology E&O incl.			U5Z000023220	09/01/2023	09/01/2024	Each Claim/Aggregate	10,000,000
	Cyb	er/Privacy Liability						Retention	5,000,000
1									

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

CERTIFICATE HOLDER	CANCELLATION		
Morrison County Department of Public Works 312 Southeast First Avenue Little Falls, MN 56345	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 of Marsh USA LLC		
	Kolhern J. Stepher		

AGENCY CUSTOMER ID: CN102197661

Loc #: Seattle



ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA LLC. POLICY NUMBER	NAMED INSURED Lumen Technologies, Inc. and all subsidiaries, including but not limited to:						
CARRIER NAIC CODE							
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM FORM NUMBER: 25 FORM TITLE: Certificate of Liability Inst							

----- GENERAL LIABILITY ------Automatic Additional Insured's Primary Coverage Additional Insured as respects your interest in the operations of the Named Insured as required by contract or agreement. Coverage provided by the above General Liability policy shall be primary and is limited to liability arising out of Named Insured's ownership and/or operations. Any insurance carried by the additional insured shall not be contributory insurance. Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation) - any person or organization with whom you have entered into a contract or agreement, or by statute, law or code of ordinance. Separation of Insureds Applies. Insurance covers incidents that occur within 50' of railroad property, any railroad exclusions have been deleted per endorsement CG2417. ------ AUTOMOBILE LIABILITY -----Any person or organization you are required in a written contract, agreement, statute, law or code of ordinances provided the "bodily injury" or "property damage" occurs subsequent to the executive of the contract, agreement, statute, law or code of ordinances. Lessor - Additional Insured and Loss Pavee - All Lessors Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation) - Any person or organization with whom you have waived prior to the "accident" or the "loss" under a contract with that person or organization, or under statute, law or code of ordinances. ------- WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY AND EXCESS WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY (OH & WA - SELF-INSURED -\$1,000,000 RETENTION) ------Waiver of Our Right to Recover from others Endorsement - Where required by written agreement signed prior to loss, or required by statute, law or code of ordinances executed prior to loss. ----- EXCESS/UMBRELLA -----Coverage applies per occurrence. Additional Insured as respects your interest in the operations of the Named Insured as required by contract or agreement. Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation) - Any person or organization with whom you have entered into a contract or agreement, but only to the extent required by such contract or agreement. Separation of Insureds Applies. ------ COMMERCIAL CRIME - FIDELITY BOND ------Carrier: XL Specialty Insurance Company Policy Number: ELU19204423 Effective Dates: 09/01/2023 - 09/01/2024 Deductible: \$2,500,000 Each Occurrence: \$15,000,000 ----- U.S. PROPERTY -----Carrier: Allianz Underwriters Insurance Company Policy Number: U5Z000023220 Effective Dates: 09/01/2023 - 09/01/2024 Limit: \$25,000,000 Deductible: \$25,000,000 Property Coverage: "All Risk" of Direct Physical Loss or Damage to All Real and Personal Property, including Boiler & Machinery, Earthquake, Flood and Wind - Replacement Cost Basis, and Business Interruption - Actual Loss Sustained. Loss Payee or mortgagee as required by written contract/loan agreement to the the extent of your insurable interest. Waiver of Subrogation - Any person or organization whom you have entered into a contract or agreement, but only to the extent required by such contract or agreement. Other deductibles may apply as per policy terms and conditions.

ACORD 101 (2008/01)