



14755 North Outer Forty Drive, Suite 300  
Chesterfield, Missouri 63017  
(636) 449-7000

Certificate of Excess Insurance for Self-Insurer of Workers' Compensation and Employers Liability

To: State of Montana  
Department of Labor and Industry  
Employment Relations Division  
P.O. Box 8011  
Helena, MT 59604-8011

This is to certify that an excess insurance policy has been issued as described below and is now in effect:

Name/Address: Missoula County Workers' Compensation Group Insurance Authority  
200 West Broadway  
Missoula, MT 59802

Name of Insurer: Midwest Employers Casualty Company  
Policy No.: EWC009504  
Effective Date: 07/01/2019  
Expiration Date: 07/01/2021  
Insurer Cancellation Notice: 30 Days

Type of Insurance: Excess Insurance Policy for Self-Insurer of Workers' Compensation  
and Employers Liability

Limits of Indemnity: Coverage A. Workers' Compensation STATUTORY  
Coverage B. Employers Liability \$1,000,000  
Aggregate N/A

Retention(s): Specific \$750,000  
Aggregate N/A

Self-Insurer's Operations: Government

States of Self-Insurer's Operations: Montana

Midwest Employers Casualty Company will give written notice in the event it cancels this policy to the party to whom this certificate is addressed.

Authorized Representative

Countersignature

Date certificate issued: 07/15/2019