

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:	07/01/2024	
Expiration Date:	07/01/2025	
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 Coverage B. Employers Liability Aggregate	STATUTORY \$1,000,000 N/A
Retention(s):	Specific Aggregate	\$750,000 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