

AGREEMENT TO KEEP IN FORCE GENERAL LIABILITY INSURANCE

DATE AND PARTIES.

The date of this Agreement to Keep in Force General Liability Insurance is: _____

The parties and their addresses are:

OWNER:

Name: _____

Address: _____

City, State Zip: _____

ADDITIONALLY LISTED AS INTERESTED THIRD PARTY:

Beltrami Electric Cooperative, Inc.
4111 Technology Dr. NW
PO Box 488
Bemidji, MN 56619

The pronouns "you" and "your" refer to the Additionally Listed Party. The pronouns "I," "me" and "my" refer to each person or entity signing this Agreement as Owner.

1. COGENERATION FACILITIES INTERCONNECTION

Date: _____

2. AGREEMENT TO KEEP IN FORCE GENERAL LIABILITY INSURANCE. As part of my "Cooperative Agreement for Cogeneration and Small Power Production Facilities", I agree to do all of the following.

- A.** I will insure the Property as listed and with the coverages shown in the DESCRIPTION OF PROPERTY section.
- B.** I will have you named on the policy, with the status listed under the STATUS section.
- C.** I will arrange for the insurance company to notify you that the policy is in effect and your status has been noted,
- D.** I will pay for this insurance, including any fee for this endorsement.
- E.** I will keep the insurance in effect while the Cogeneration Facilities are in place and the "Cooperative Agreement for Cogeneration and Small Power Production Facilities" is in effect.

3. DESCRIPTION OF PROPERTY. The Property subject to this Agreement is described as follows.

Address: _____

City, State Zip: _____

I agree to insure this Property according to the following described risks and amount of coverage. I will keep in force general liability insurance in an amount of insurances of at least \$300,000. The term of coverage will be Continuous.

Effective Date: _____

INSURANCE COMPANY. The insurance policy covering the Property and the insurance company issuing the policy are as follows:

Policy Number: _____

Insurance Company Name, Address, and Phone Number

INSURANCE AGENCY AND AGENT. The insurance agency through which I have purchased, or intend to purchase, the required insurance is as follows:

Agent Name: _____

Agency Name, Address, and Phone Number: _____

4. **STATUS.** Your status shall be listed on the insurance policy as one of the following: Interested Party, Additional Interest, Certificate Holder or similar listing to ensure evidence of insurance.
5. **MAILING ADDRESS.** Please return to Additionally Listed Party at the address listed in the DATE AND PARTIES section.

SIGNATURES FOR OWNERS AND AUTHORIZATION TO INSURANCE AGENT AND COMPANY. By signing below, I agree to the terms contained in this Agreement and acknowledge receipt of a copy of this Agreement. I request the listed insurance company and agency to provide the indicated coverage, and list you on the policy with the indicated status. I also request the insurance company or its authorized agent to immediately confirm that the policy is in effect by signing this form and forwarding a copy of the policy to you.

OWNER:

By _____

Date: _____

Signer Name _____

Signer Title _____

SIGNATURE OF ADDITIONALLY LISTED PARTY AND REQUEST FOR CONFIRMATION. Upon receipt of this Agreement, the insurance company or agency named above is requested to confirm the policy coverages shown above.

ADDITIONALLY LISTED AS INTERESTED THIRD PARTY:

Beltrami Electric Cooperative, Inc.

By _____

Date: _____

Signer Name _____

Signer Title _____

SIGNATURE FOR INSURANCE COMPANY AND CONFIRMATION. By signing below, Insurance Company confirms the existence of the insurance coverages agreed to be provided by our insured and that you will be notified not less than 10 days before cancellation.

INSURANCE COMPANY:

By _____

Date: _____

Signer Name _____

Signer Title _____