



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: 07/01/2025
Expiration Date: 07/01/2026
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.

Philip S. Welt

Authorized Representative

Countersignature