

## **COMMITTEE OF THE WHOLE**

**APRIL 7, 2025**

**6:00 PM**

1. Review 2025 Goal setting
2. City agreements

### **Citizen Participation**

***The Lewistown City Commission welcomes you to its public meeting. The Commission appreciates your participation and values your input in our decision-making process. Your input and suggestions are important to the Commission as we discuss important issues affecting all of us in Lewistown.***

***We ask that you silence your cell phone before the meeting begins and please refrain from using your cell phone during the meeting. Thank you.***

***The City Commission thanks public members for respectfully and courteously providing constructive and valuable information.***

***The Public is invited to speak on any issue under discussion by the Commission, after recognition by the presiding officer.***

***Public members who are recognized by the presiding officer shall:***

- ***Stand***
- ***Give his/her name and address for the record***
- ***If applicable give the person, firm, or organization he/she represents***
- ***Address comments to the presiding officer and not to individual members or staff***
- ***Limit comments to the matter of fact listed on the agenda unless recognized in the 'Citizen Requests' portions***
- ***Keep comments brief to ensure adequate time for additional comment and commission business***
- ***Prepared statements are welcome and should be given to the Clerk of the Commission. Prepared statements that are also read, however, may be deemed unduly repetitious if they are lengthy. All prepared statements shall become part of the official record.***

In the event that there is a large number of people wanting to comment in a meeting or hearing, the presiding officer reserves the right to impose a time limit on comments to ensure adequate time for public comment and Commission business.

Impertinent or slanderous remarks towards city officials, staff or other members of the public, or other boisterous, disorderly or disruptive behavior during a Commission meeting are not permitted. Swearing, derogatory language, threats, personal attacks, heckling or similar behavior may be considered impertinent and/or disruptive. Any person exhibiting such behavior during the Commission meeting may be admonished to cease that behavior or risk being asked to vacate the Commission chambers. If such behavior continues after the admonishment, the presiding officer may request that person to vacate the Commission chambers, unless permission to remain is granted by vote of the Commission.

**NOTICE FOR, AND AGENDA FOR, A REGULAR MEETING OF THE CITY COMMISSION, CITY OF LEWISTOWN, APRIL 7, 2025 AT 7:00 P.M. AT THE CENTRAL MONTANA COMMUNITY CENTER LOCATED AT 307 W WATSON**

**CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**ROLL CALL**

**APPROVAL OF MINUTES – March 17, 2025**

**COURTESIES**

**PROCLAMATIONS**

**BOARD AND COMMISSION REPORTS**

**CITY MANAGER REPORT**

**PUBLIC COMMENT – non agenda items**

**CONSENT AGENDA**

Acknowledgment of the claims that have been paid from March 14, 2025 to March 31, 2025 for a total of \$41,639.62

**\*REGULAR AGENDA – Resolutions, Ordinances & Other Action Items:**

1. Discussion and action on approving the Interlocal agreement for a multi-jurisdictional Planning Commission (**Action: approve, disapprove or amend the interlocal agreement for a multi-jurisdictional Planning Commission**) City Manager Holly Phelps
2. Discussion and action on approving a petition for annexation for Bruce Reid to fully incorporate Lot 4 Block 7 of School Land Plat into the City of Lewistown (**Action: approve, disapprove or amend approving petition for annexation**) City Manager Holly Phelps
3. Discussion and action on approving Resolution No. 4191, a resolution providing for the annexation by petition of property belonging Bruce Reid (**Action: approve, disapprove or amend Resolution No. 4191**) City Manager Holly Phelps
4. Discussion and action on approving a business license for Yellowball Roofing and Solar (**Action: approve, disapprove or amend approving business license Yellowball Roofing and Solar**) City Manager Holly Phelps

**CITIZENS' REQUESTS**

**COMMISSIONER'S MINUTE**

**ADJOURNMENT**

\* All citizens are invited to make comment on any agenda item prior to action being taken by the Commission

## **INTERLOCAL AGREEMENT FOR MULTI-JURISDICTIONAL PLANNING COMMISSION**

This agreement is made by and between the City of Lewistown (hereinafter referred to as the “City”) and Fergus County (hereinafter referred to as the “County”), political subdivisions of the State of Montana, pursuant to the Montana Land Use Planning Act as set forth in Title 76, Chapter 25, Montana Code Annotated.

### **1. Purpose**

The purpose of this interlocal agreement is to approve the consolidation of the City of Lewistown Board of Adjustment and City-County Planning Board to establish a Planning Commission pursuant to the Montana Land Use Planning Act and the 2024 Lewistown Plan.

### **2. Establishment of Planning Commission**

Section 76-25-104(1)(a), Mont. Code Ann., provides that each local government shall establish, by ordinance or resolution, a planning commission. Any combination of local governments may create a multi-jurisdictional planning commission or join an existing commission pursuant to interlocal agreement. § 76-25-104(1)(b), Mont. Code Ann.

If more than one legally authorized planning board, zoning commission, or planning and zoning commission exists within a jurisdiction, the governing bodies of each jurisdiction may agree to:

- (A) designate, combine, consolidate, or modify one or more of the authorized boards or commissions as the planning commission; or
- (B) create a new planning commission pursuant to this section and disband the existing boards and commissions.

§ 76-25-104(1)(c)(ii), Mont. Code Ann.

### **3. Planning Commission Composition**

Each planning commission must consist of an odd number of no fewer than three voting members who are confirmed by majority vote of each local governing body.

Each jurisdiction must be equally represented in the membership of a multi-jurisdiction planning commission. The planning commission shall meet at least

once every 6 months and minutes must be kept at all meetings of the planning commission and all meetings and records must be open to the public. § 76-25-104(2), Mont. Code Ann.

The 2024 Lewistown Plan provides that a Planning Commission shall be established and contain thirteen (13) members.

**a. Current Boards and Commissions**

The City of Lewistown Board of Adjustment consists of five (5) members.

The City-County Planning Board consists of nine (9) members, who have jurisdiction over a 4.5 miles area of Fergus County and Lewistown as established by Title 2, Chapter 1, of the Lewistown City Code.

**b. Members of 2024 Lewistown Plan Planning Commission**

Pursuant to this agreement, the Planning Commission shall consist of five (5) members from the City of Lewistown Board of Adjustment, and six (6) members from the City-County Planning Board.

Each member shall be approved by the City Commission.

The remaining two (2) members shall be approved by the City Commission after advertisement and vetting of an appropriate member.

If there are insufficient members to fill the available positions in the Planning Commission from members from the City of Lewistown Board of Adjustment or the City-County Planning Board, said vacancies shall be filled through advertisement of open positions and after approval and confirmation from the City Commission.

**4. Planning Commission Authority**

The newly established 2024 Lewistown Planning Commission consisting of the consolidated boards as set forth herein, shall have the authority consistent with and only conferred to it by the 2024 Lewistown Plan and as set forth by the Montana Land Use Planning Act.

**5. Entire Agreement and Authorization to Enter Agreement**

The parties herein acknowledge that the agreement contained herein constitutes the entire agreement between the parties and supersede all prior agreements or representations.

By executing this agreement, the parties hereto expressly agree that he or she has express authority to enter into said agreement.

DATED this \_\_\_\_ day of \_\_\_\_\_ 2025

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Holly Phelps  
City Manager  
City of Lewistown

DATED this \_\_\_\_ day of \_\_\_\_\_ 2025

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Fergus County

**PETITION FOR ANNEXATION**

Petitioner, Bruce A. Reid, of Lewistown, MT hereby petitions the City Commission of the City of Lewistown to annex, incorporate and include that area located in Fergus County, Montana, and more particularly described as:

**School Land, Sec. 16, T15N, R18E, Block 007, Lot 004 & Abandoned "A" Street North & Adjacent & Less Tract 1 COS #809**

into the territory of the City, and to alter the City's boundaries to include this area SUBJECT TO

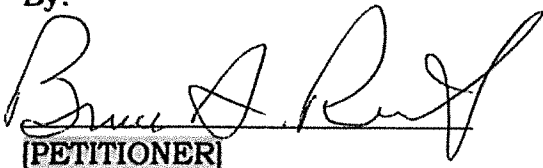
1. This petition is made pursuant to Montana Code Annotated § 7-2-4601, et. Seq.
2. Petitioner is the sole owner of the real property in the area herein requested to be annexed and therefore qualifies to petition for annexation.
3. Petitioner understands and agrees that any extension of City water or sewer services shall be at the landowner's expense and performed according to City specifications and requirements.
4. Petitioner agrees that all costs associated with annexation, including survey fees or recording fees shall be paid by Petitioner.

Petitioner acknowledges that zoning for the property will be determined at time of annexation in accordance with existing City rules and regulations.

This petition is not revocable and shall be binding on the heirs, successors and assigns of the Petitioner. This Petition shall be recorded with the office of the Fergus County Clerk and Recorder, Lewistown, Montana.

Wherefore, Petitioner hereby requests that the City Commission of the City of Lewistown approve this petition and adopt a resolution of annexation to annex, incorporate and include the herein described area into the city limits of the City of Lewistown.

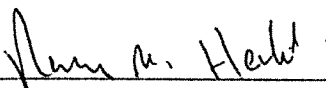
By:

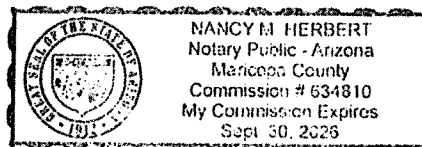
  
[PETITIONER]

STATE OF ~~MONTANA~~ <sup>ARIZONA</sup> )

COUNTY OF ~~FERGUS~~ <sup>PIRELLA</sup> : ss. )

SUBSCRIBED and SWORN TO before me by Bruce A Reid [PETITIONER] on this 27<sup>th</sup> day of February, 2025.

  
Notary Public for the State of Montana  
(NOTARIAL SEAL)



Resolution No. 4191

**A RESOLUTION PROVIDING FOR THE  
ANNEXATION BY PETITION OF  
PROPERTY BELONGING TO BRUCE A.  
REID**

**WHEREAS**, Bruce A. Reid of Lewistown, Montana, as the owner of the below described property, has presented a Petition to the City of Lewistown requesting that such property located within Fergus County, Montana, be annexed to and incorporated into the City, to wit:

**School Land, Sec. 16, T15N, R18E, Block 007, Lot 004 &  
Abandoned "A" Street North & Adjacent & Less Tract 1 COS  
#809**

**WHEREAS**, a copy of the Petition for Annexation is attached to this resolution and is incorporated by reference herein in its entirety.

**WHEREAS**, Part 46, Chapter 2, Title 7 of the Montana Code Annotated allows a city to annex property into its boundaries if it has received a written petition containing a description of the area requested to be annexed and signed by the owner of the real property in the area to be annexed.

**WHEREAS**, the Petition for Annexation recites that it is signed by the sole owner/authorized agent of the real property in the area to be annexed, and contains a description of the area requested to be annexed and therefore is properly before the Commission; and,

**WHEREAS**, the City Commission may approve or disapprove a petition for annexation submitted under the provisions of Montana law as stated herein, upon its merits.

**NOW, THEREFORE, BE IT RESOLVED**, that the following described property be and hereby is annexed to the City of Lewistown and that the boundaries of the city shall be extended to include such property;

**School Land, Sec. 16, T15N, R18E, Block 007, Lot 004 &  
Abandoned "A" Street North & Adjacent & Less Tract 1 COS  
#809**

**BE IT FURTHER RESOLVED**, Zoning for of the above-described property shall be determined by the City Commission in accordance with existing rules and regulation to include the additional property based upon the boundary line change as shown by the Amended Plat referenced herein.

**BE IT FURTHER RESOLVED** that the City Clerk shall forthwith cause this resolution to be entered into the minutes of the City and that the Clerk certify under seal of the City a copy of such record which document shall be filed with Fergus County Clerk and Recorder's Office at which time annexation of the above described parcel shall be complete.

**PASSED AND APPROVED** this \_\_\_\_\_ day of April 2025.

**Approved:**

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KELLYANNE TERRY  
Chairperson, City Commission

**ATTEST:**

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NIKKI BRUMMOND, City Clerk

City of Lewistown  
305 W. Watson  
Lewistown, MT 59457  
535-1760

11815

### Business License Application

Business Name Yellowball Roofing and Solar  
Street Address 3160 S Frontage Rd, Suite B Phone 406-970-0681  
City Billings State MT Zip Code \_\_\_\_\_  
Brief Description/Nature of Business Solar Installation and Roofing  
Is This a Recognized Non-Profit Organization? Yes \_\_\_\_\_ No ☒ # of Employees 45  
Owners Name and Address Justice Graham 3160 S Frontage Rd  
City Billings State MT Zip Code 59101 Phone # 406-970-0681

Complete

#### Planning & Building Dept:

Legal Description: Lot \_\_\_\_\_ Blk \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot Sz (sq ft) \_\_\_\_\_  
Estimated Square Footage \_\_\_\_\_ Occupant Load \_\_\_\_\_ Zoning District \_\_\_\_\_  
Is The Building Currently Under Construction or Remodeling? Yes \_\_\_\_\_ No \_\_\_\_\_  
Remodeling or New Construction Within The Last 12 Months? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is Building in The City Limits? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Fire Dept:

Primary Emergency Contact Name & # Justice Graham 406-200-2093  
Secondary Emergency Contact Name & # Brian Gibberd 307-254-8424  
Are There Any Special Hazards Associated With Your Business That We Should Be Aware Of? Yes \_\_\_\_\_ No ☒ If So, What Are They? \_\_\_\_\_

Full  
In

Do You Have Any Hazardous Materials On The Premises? Yes \_\_\_\_\_ No ☒ If So, Do

You Have Materials Safety Data Sheets For Them? Yes \_\_\_\_\_ No \_\_\_\_\_

Are There Any Fire Extinguishers Located On The Premises? Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_

Are There Smoke Detectors On The Premises? Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_

Are There Any Locked Or Blocked Exits During Business Hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Signature

Justice Graham

City Use Only

Roofing Contractor  
Electrician for Solar Installation  
Business Classification C.L.

Business License Fee: \$60.00

Received By Angelika Date 4/1/2025

Sent to:

BUILDING DEPT \_\_\_\_\_  
FIRE DEPT \_\_\_\_\_  
HEALTH DEPT \_\_\_\_\_  
ZONING DEPT \_\_\_\_\_  
CITY MANAGER \_\_\_\_\_

Received From:

BUILDING DEPT \_\_\_\_\_  
FIRE DEPT \_\_\_\_\_  
HEALTH DEPT \_\_\_\_\_  
ZONING DEPT \_\_\_\_\_  
CITY MANAGER \_\_\_\_\_

Sign

KATIE SPIKA  
LORAIN DAY  
Ward One Commissioners

RONALD HAUBES  
DIANA HEWITT  
Ward Two Commissioners

TIM ROBERTSON  
DANI BUEHLER  
Ward Three Commissioners

KELLYANNE TERRY  
At-Large Commissioner

HOLLY PHELPS  
City Manager

NIKKI BRUMMOND  
Finance Director/City Clerk



305 W. Watson, Lewistown, Montana 59457  
(406) 535-1760 Fax (406) 535-3323

KELLY HENDERSON  
Parks and Recreation Director

TYLER WEST  
City Attorney

JUSTIN JENNESS  
Police Chief

JAMES JENSEN  
Fire Chief

VACANT  
Public Works Director

ALISSA WOLENETZ  
Library Director

DOUG OSTERMAN  
Planning Director

### Business License & Registration Certificate Disclaimer

I hereby certify, under penalty of perjury, that I have read and answered the statements contained in this application and my answers are true and correct.

I agree to comply with all applicable State and City laws and Ordinances pertaining to my business operations, including but not limited to:

Building, Fire, Zoning and other City Code requirements and grant City Officials the privilege and authority to conduct such inspections as may be necessary.

Justice Graham  
Signature of Owner or Representative

03/18/25  
Date

Justice Graham  
Printed Owner Name

The City of Lewistown is an Equal Opportunity Employer



## LICENSE OR PERMIT BOND

Bond No.: 999395979

KNOW ALL BY THESE PRESENTS, That we, YELLOWSTONE ROOFING & SOLAR, LLC  
as Principal, of 3160 S FRONTAGE RD,  
BILLINGS, MT 59101, and the  
The Ohio Casualty Insurance Company, a New Hampshire corporation, as Surety, are held  
and firmly bound unto City of Lewiston  
of 305 W Watson St, Lewistown, MT 59457-2961  
as Oblige, in the sum of Five Thousand Dollars And Zero Cents  
( \$5,000.00 )  
for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns,  
jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 28th day of March, 2025.

THE CONDITION OF THIS OBLIGATION IS SUCH, THAT WHEREAS, the Principal has been or is about to be  
granted a license or permit to do business as Roofing and Solar install  
by the Oblige.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in  
conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

### PROVIDED, HOWEVER:

- This bond shall continue in force:  
☒ Until 28th day of March, 2026, or until the date of expiration of any Continuation  
Certificate executed by the Surety  
**OR**  
☐ Until canceled as herein provided.
- This bond may be canceled by the Surety by the sending of notice in writing to the Oblige, stating when, not less  
than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

YELLOWSTONE ROOFING & SOLAR, LLC

By Cassidy Leatherberry  
Cassidy Leatherberry (Mar 28, 2025 12:57 MDT)  
Principal



The Ohio Casualty Insurance Company  
By Timothy A. Mikolajewski  
Timothy A. Mikolajewski Attorney-in-Fact



# POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: YELLOWSTONE ROOFING & SOLAR, LLC

Agency Name: Beard Insurance Agency Inc

Bond Number: 999395979

Obligee: City of Lewiston

Bond Amount: (\$5,000.00 ) Five Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Timothy A. Mikolajewski in the city and state of Seattle, WA, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 1st day of August, 2024.



The Ohio Casualty Insurance Company

By: Nathan J. Zangerle  
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA ss  
COUNTY OF MONTGOMERY

On this 1st day of August, 2024, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal  
Teresa Pastella, Notary Public  
Montgomery County  
My commission expires March 28, 2029  
Commission number 1126044  
Member, Pennsylvania Association of Notaries

By: Teresa Pastella  
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

## ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**Certificate of Designation** - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 28th day of March, 2025.



By: Renee C. Llewellyn  
Renee C. Llewellyn, Assistant Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2025

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 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).

|                                                                                                      |                                                                   |               |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>Beard Insurance Agency Inc<br>214 N 24th Street<br>Billings, MT 59101             | <b>CONTACT NAME:</b> Hal Iverson                                  |               |
|                                                                                                      | <b>PHONE (A/C, No, Ext):</b> (406) 294-9700 <b>FAX (A/C, No):</b> |               |
| <b>INSURED</b><br>Yellowball Roofing & Solar LLC<br>3160 S Frontage Rd Suite B<br>Billings, MT 59101 | <b>E-MAIL ADDRESS:</b> haliverson@beardinsurance.net              |               |
|                                                                                                      | <b>INSURER(S) AFFORDING COVERAGE</b>                              | <b>NAIC #</b> |
|                                                                                                      | <b>INSURER A:</b> Western World Insurance Company                 |               |
|                                                                                                      | <b>INSURER B:</b>                                                 |               |
|                                                                                                      | <b>INSURER C:</b>                                                 |               |
|                                                                                                      | <b>INSURER D:</b>                                                 |               |
|                                                                                                      | <b>INSURER E:</b>                                                 |               |
|                                                                                                      | <b>INSURER F:</b>                                                 |               |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                               | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                 |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>                                                                             |           |          | NPP6149457    | 1/26/2025               | 1/26/2026               | <b>EACH OCCURRENCE</b> \$ 1,000,000<br><b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ 100,000<br><b>MED EXP (Any one person)</b> \$ 5,000<br><b>PERSONAL &amp; ADV INJURY</b> \$ 1,000,000<br><b>GENERAL AGGREGATE</b> \$ 2,000,000<br><b>PRODUCTS - COMP/OP AGG</b> \$ 2,000,000 |
|          | <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b><br><input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>                                                                                                     |           |          |               |                         |                         | \$                                                                                                                                                                                                                                                                                     |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> <b>ANY AUTO</b><br><input type="checkbox"/> <b>ALL OWNED AUTOS</b><br><input type="checkbox"/> <b>HIRED AUTOS</b><br><input type="checkbox"/> <b>SCHEDULED AUTOS</b><br><input type="checkbox"/> <b>NON-OWNED AUTOS</b> |           |          |               |                         |                         | <b>COMBINED SINGLE LIMIT (Ea accident)</b> \$<br><b>BODILY INJURY (Per person)</b> \$<br><b>BODILY INJURY (Per accident)</b> \$<br><b>PROPERTY DAMAGE (Per accident)</b> \$                                                                                                            |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b><br><b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b><br><b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>                                                                |           |          |               |                         |                         | <b>EACH OCCURRENCE</b> \$<br><b>AGGREGATE</b> \$                                                                                                                                                                                                                                       |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                   |           |          |               |                         |                         | <b>WC STATU-TORY LIMITS</b> <input type="checkbox"/> <b>OTH-ER</b> <input type="checkbox"/><br><b>E.L. EACH ACCIDENT</b> \$<br><b>E.L. DISEASE - EA EMPLOYEE</b> \$<br><b>E.L. DISEASE - POLICY LIMIT</b> \$                                                                           |
|          |                                                                                                                                                                                                                                                                                 |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                        |

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

Evidence of Insurance

**CERTIFICATE HOLDER**CITY OF LEWISTOWN  
305 W WATSON  
LEWISTOWN, MT 59457**CANCELLATION**

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