

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

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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: 07/01/2026  
Expiration Date: 07/01/2028  
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

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



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Authorized Representative

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Countersignature