

EVIDENCE OF CASUALTY INSURANCE

POLICY YEAR
06/01/23-06/01/24

PRODUCER

Hays Companies
IDS Center, Suite 700
80 South 8th Street
Minneapolis, MN 55402

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INSURERS AFFORDING COVERAGE

INSURER A: Old Republic Insurance Company

PHONE NO. 612-333-3323

FAX NO. 612-373-7270

INSURER B:

INSURED

CARGILL, INCORPORATED,
ITS SUBSIDIARIES, AND BUSINESSES
PO BOX 5612, MS-12
MINNEAPOLIS, MN 55440-5612

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

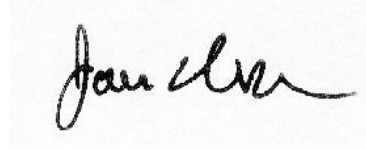
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DOCUMENT MAY BE DISPENSED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES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

| INSR LTR | ADD L INSR D | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|--------------|--|-------------------------|----------------------------------|-----------------------------------|---|--------------|
| A | | GENERAL LIABILITY | MWZY31361923 | 06/01/23 | 06/01/24 | EACH OCCURRENCE | \$15,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Each occurrence) | \$1,000,000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | PERSONAL & ADV INJURY | \$15,000,000 |
| | | | | | | GENERAL AGGREGATE | \$50,000,000 |
| | | | | | | PRODUCTS-COMP/OP AGG | \$50,000,000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | |
| | | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | |
| A | | AUTOMOBILE LIABILITY | MWTB31362123 | 06/01/23 | 06/01/24 | COMBINED SINGLE LIMIT (Each Accident) | \$15,000,000 |
| | | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per Person) | |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per Accident) | |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per Accident) | |
| | | <input type="checkbox"/> HIRED AUTOS | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | | |
| | | CARGO LEGAL LIABILITY AND CONTINGENT CARGO LEGAL LIABILITY | | | | | |
| | | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | | |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | | |
| | | <input type="checkbox"/> RETENTION | | | | | |
| A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | MWC31362023 | 06/01/23 | 06/01/24 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTHE- |
| | | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NO | | | | E.L. EACH ACCIDENT | \$15,000,000 |
| | | If yes, describe under SPECIAL PROVISION BELOW | | | | E.L. DISEASE - EA EMPLOYEE | \$15,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$15,000,000 |
| A | | OTHER | MWXS31361823 (OH, USLH) | 06/01/23 | 06/01/24 | Statutory Excess \$1,000,000 SIR | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

SEE ATTACHED ADDENDUM

AUTHORIZED SIGNATURE



The Named Insured under the General Liability and Automobile Liability policies includes Cargill, Incorporated and any subsidiary, affiliate, or business where Cargill, Incorporated (Cargill) owns an interest of more than 50% or exercises active management control.

A Partial Listing of U.S. Subsidiaries and Businesses insured by the General and Automobile Liability policies includes (but is not limited to):

Cargill AgHorizons
Cargill Animal Nutrition (Cargill Feed & Nutrition, Cargill Premix & Nutrition and Cargill Aqua Nutrition)
Cargill BiIndustrials
Cargill Case Ready
Cargill Cocoa and Chocolate Inc.
Cargill Corn Milling North America
Cargill Dry Corn Ingredients, Inc.
Cargill Financial Services Corporation
Cargill Food Distribution
Cargill Global Edible Oils Solutions
Cargill Grain and Oilseed Supply Chain North America
Cargill, Incorporated – Salt, Road Safety
Cargill, Incorporated dba Truvia Company LLC
Cargill Kitchen Solutions, Inc.
Cargill Meat Logistics Solutions, Inc.
Cargill Meat Solutions Corporation
Cargill Beef
Cargill Salt
Cargill Specialty Seeds & Oils
Cargill Texturizing Solutions
Cargill Turkey Production, LLC
Cargill Turkey & Cooked Meats
Cargill Value Added Protein
D V Technologies, LLC
Diamond V Mills, LLC
Eddyville Chlor-Alkali LLC
Embria Health Sciences, L.L.C.
Equus USA Inc.
EWOS U.S.A., Inc.
G & M Stevedoring Co., Inc.
Owensboro Grain Company, LLC
Provimi North America, Inc.
Pro Pet, L.L.C.
Toshoku America, Inc.

PLEASE NOTE: Cargill Inc. and certain U.S. subsidiaries are self-insured for Workers' Compensation under the Federal Longshore and Harbor Workers' Compensation Act. Cargill and certain U.S. subsidiaries are self-insured for Workers' Compensation through the Department of Labor in the State of Ohio. Policy number MWXS31361823 provides Workers' Compensation coverage excess of the authorized self-insured limit in jurisdictions where Cargill or a Cargill subsidiary is self-insured. Cargill operations in North Dakota, Washington and Wyoming are insured for Workers' Compensation under the monopolistic state fund of each state. The Workers' Compensation policy listed on the preceding page insures Cargill and non-self-insured U.S. subsidiaries in the remaining states where Cargill has operations or employees.

- Under the General Liability policy, Additional Insured—Vendors (CG 20 15) Any Vendor of the Named Insured Where Required by Written Contract, provided such contract was executed prior to the date of loss.
- Under the General Liability policy, Additional Insured status for persons or organizations, other than vendors, is provided under ISO Additional Insured endorsements, if required in a written contract with the Named Insured as described above, with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by any Named Insured's acts or omissions or the acts or omissions of those acting on any Named Insured's behalf in the performance of any Named Insured's ongoing operations, or in connection with any Named Insured's completed operations, equipment leased to any Named Insured.
- Under the General Liability policy, Additional Insured - Managers or Lessors of Premises (CG 20 11) is provided if required in a written contract with the Named insured as described above prior to the date of loss
- Under the Automobile Liability policies, Additional Insured status is provided if required in a written contract with the Named Insured as described above.
- Under the General Liability, Automobile Liability and Workers Compensation policies, a Waiver of Subrogation is provided if required in a written contract with the Named Insured as described above.
- Contractual Liability (tort liability assumed in an "insured contract") is included under the Commercial General Liability and Automobile Liability policies.