

REINSTATEMENT NOTICE

NAME AND ADDRESS OF INSURANCE COMPANY  
West Bend Mutual Insurance Company  
1900 S. 18th Avenue  
West Bend, WI 53095

KIND OF POLICY: Workers Compensation Policy
POLICY/APPLICATION/BINDER NO.: A828488 02 / 1000265393
DATE OF MAILING: 02/13/2023
NAME AND ADDRESS OF AGENT/BROKER: HOLMES MURPHY & ASSOCIATES 2727 GRAND PRAIRIE PKWY WAUKEE, IA 50263 515-223-6800
14437

NAME AND ADDRESS OF INSURED  
Cedar Valley Corp., LLC  
2637 Wagner Rd  
Waterloo, IA 50703

The coverage provided by the policy number shown above and previously cancelled, nonrenewed or scheduled for termination is being reinstated effective 02/21/2023 at 12:01 AM standard time at the insured's mailing address.  
(DATE) (HOUR)

Christopher C. Zungart  
AUTHORIZED REPRESENTATIVE

 **COPY**

Agenda Item # 216  
Date 3/8/23

02/21/2023 PM 2:35

NAME AND ADDRESS OF ADDITIONAL INTEREST  
Dodge County Nebraska  
435 N Park Ave  
FREMONT, NE, 68025-4977