

**Form W-19**

TO BE SENT TO: Grain  
Warehouse Bureau Iowa  
Department of Agriculture Des  
Moines, IA 50319

**IOWA WAREHOUSE  
OPERATOR FIRE AND/OR  
WINDSTORM CERTIFICATE OF  
INSURANCE**

Iowa Warehouse  
LICENSE NO. W-

THIS IS TO CERTIFY THAT \_\_\_\_\_  
(Name of Insurance Company)

(Hereinafter called Company) of 225 W. WASHINGTON ST., SUITE 1800 CHICAGO, IL 60606  
(Home office of address of Company)

has issued to \_\_\_\_\_  
(Name of Insured)

Policy No. \_\_\_\_\_ effective from \_\_\_\_\_ to \_\_\_\_\_

Does this policy replace any policy or binder now on file? \_\_\_\_\_  
If so, show number of replaced policy or binder and name of Insurance Company.

\_\_\_\_\_  
(Number) (Name of Insurance Company)

The policy of insurance herein described which provided coverage on products in the warehouse designated herein has attached thereto an endorsement, Form Form W-20, which amends the policy to fully comply with all provisions contained in Iowa Code Section 203C.15 (1997).

Location of Whse.	Kind of Insurance (Fire, Windstorm, ie)	Total limits of Liability of all Contributing Co.'s	Limits of Liability Provided by above numbered policy

Whenever requested by the Department of Agriculture and Land Stewardship, the Company agrees to furnish to the Department a duplicate original of said policy and all endorsements thereon.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at CHICAGO, IL 60606

\_\_\_\_\_  
Authorized Company Representative

009-0627 (rev. 4/97)