



Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
MIDWEST STORM COMPANY	Dubuque, IA 52003	.

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	License Qualifiers	Qualifying Party	Ever Disciplined
104017543	LICENSED ROOFING CONTRACTOR	ACTIVE	04/20/2017	11/28/2023	12/31/2025	LIMITED	ANTHONY S WRIGHT	N



CONTRACTOR REGISTRATION CERTIFICATE

STATE OF IOWA
DIVISION OF LABOR

150 Des Moines St, Des Moines, IA 50309
Phone: 515-242-5871 | FAX: 515-725-2427

www.iowacontractor.gov | contractor.registration@iwd.iowa.gov

DATE ISSUED:
02/28/2023

DATE EXPIRES:
04/07/2024

REGISTRATION NUMBER:
C126532

MIDWEST STORM COMPANY LLC
830 FREMONT AVENUE BLDG
DUBUQUE, IA 52003

Larry Johnson, Labor Commissioner

Division of Professional Credential
Processing
4822 Madison Yards Way
Madison, WI 53705
Phone: (608) 266-2112
Fax: (608) 267-0592
Email: dspcredtrades@wi.gov
Website: www.dsp.wi.gov

Certification, License, or Registration Card

Below you will find your certification, license or registration card. This card serves as an additional piece of documentation of licensure that may be carried on person. To view details about your credential or continuing education log into the eSLA portal where you can view your credential status or use the public lookup to verify the status of your CE.

Wisconsin Department of Safety and Professional Services	
MIDWEST STORM COMPANY LLC	
Credential ID: DCR-031700001	
Certification, License, or Registration Name	Expires:
Dwelling Contractor Restricted	2024-03-28
Signature:	

Please review the information on the card. If errors or discrepancies are found, you may contact the Department at 608-266-2112 or email DSPSCredTrades@wi.gov, and provide your ID number printed on the card. The Department should be notified of changes in addresses as they occur. Notification of address changes is the responsibility of the credential holder. A renewal notice will be emailed to the email address on file 30, 60, and 90 days before expiration. Before the expiration date of each credential indicated on the card. Renewals are contingent upon compliance with the requirements specified in Wisconsin Administrative Code SPS 305.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2022

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Lammers Insurance Agency 2120 9th St. S.E. P.O. Box 321 Dyersville IA 52040		CONTACT NAME: Christina Ludwig PHONE (A/C, No. Ext.): 5638758401 FAX (A/C, No.): 5638756118 E-MAIL ADDRESS: lammers8401@gmail.com	
INSURED Midwest Storm Company, LLC 830 Fremont Ave Dubuque IA 52003		INSURER(S) AFFORDING COVERAGE INSURER A: Great American E & S Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

LINE	TYPE OF INSURANCE	ADD. SURR. BRD. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		PL 3288968-02	04/09/2022	04/09/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pol. Gen Agg \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - RA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	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 