

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
Date Cert.
Issued

PRODUCER

Agent/Broker Name & Address

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSUREERS AFFORDING COVERAGE

INSURED

Contractor/Vendor Name & Address

INSURER A: Name of Insurance Company

INSURER B: " " "

INSURER C: " " "

INSURER D: " " "

INSURER E: " " "

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy Number	Effective date of policy	Expiration date of policy	EACH OCCURENCE	\$2,000,000
					FIRE DAMAGE (Any one fire)	\$50,000
					MED EXP (Any one person)	\$5,000
					PERSONAL & ADV INJURY	\$2,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS-COMP/OP AGG	\$2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/>	Policy Number	Effective date of policy	Expiration date of policy	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY-EA ACCIDENT	\$
					OTHER THAN EA	\$
					AUTO ONLY: AGG	\$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<u>Policy Number</u> <i>*Excess/Umbrella may be used to supplement the GL, Auto, and Employers Liability (part of the Workers Comp policy), to satisfy policy limits.</i>	Effective date of policy	Expiration date of policy	EACH OCCURENCE	"
					AGGREGATE	"
					x	\$
						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Note: The State of MN should be included as a covered state.	Policy Number	Effective date of policy	Expiration date of policy	<input type="checkbox"/> WC STATU- <input type="checkbox"/> OFF-ER E.L. EACH ACCIDENT	\$100,000
					E.L. DISEASE-EA EMPLOYEE	\$100,000
					E.L. DISEASE - POLICY LIMIT	\$500,000
E	OTHER Professional Liability (applicable if design related services provided)	Policy Number	Effective date of policy	Expiration date of policy	Each Occurrence	\$2,000,000
					Aggregate	\$2,000,000

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

The State of Minnesota is listed as an-Additional Insured for General Liability.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

The State of Minnesota
Department of Administration
Office of State Procurement
50 Sherburne Avenue
St. Paul, MN 55155

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
AUTHORIZED REPRESENTATIVE