

ACORD™ CERTIFICATE OF LIABILITY INSURANCE Date (MM/DD/YY)

PRODUCER Insurance Provider 100 Insurance Lane Saint Paul, MN 55100	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.
INSURED Organization Organization Address Saint Paul, MN 55100	INSURERS AFFORDING COVERAGE
	INSURER A: Insurance Co. ABC
	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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL		08/01/22	07/31/23	EACH OCCURRENCE \$ 1,500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (each occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 1,500,000
					GENERAL AGGREGATE \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (each accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 30,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ 60,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (per accident) \$ 20,000
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: EA AGG \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE	<input checked="" type="checkbox"/> INCL			E.L. EACH ACCIDENT \$ 500,000
		<input type="checkbox"/> EXCL			E.L. DISEASE - EA EMPLOYEE \$ 500,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

Include additional indemnification language

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

Each coverage afforded to the City as an additional insured under this policy expressly includes the duty to defend and indemnify.

CERTIFICATE HOLDER The City of Saint Paul Cultural STAR Program 25 West 4 th Street, 13 th Floor Saint Paul, MN 55102	CANCELLATION Should any of the above described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. AUTHORIZED REPRESENTATIVE
--	---

Must include signature of Insurance Provider