



CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS

375 JACKSON STREET, SUITE 220

ST. PAUL, MINNESOTA 55101-1806

Phone: 651-266-8989 Fax: 651-266-9124

Visit our Web Site at www.stpaul.gov/dsi

Understanding the ACORD Certificate of Insurance for Short Term Rentals

1. TYPE OF ACORD CERTIFICATE

We will accept ACORD 24 or 25.

2. PRODUCER Insurance Agent/ Broker who issues certificate.

3. NAME OF INSURED Legal name of contracting party- or reference to "hosts".

4. TYPES OF INSURANCE Must include liability insurance. (Can be personal.)

5. DESCRIPTION OF OPERATIONS List the location of the short term rental.

6. CERTIFICATE HOLDER The City of Saint Paul must be listed as certificate holder using this address. This designation ensures the city will be notified if the policy is cancelled before the expiration date.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2018

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 JOHN DOE'S INSURANCE AGENCY 100 JACKSON STREET, SUITE 100 SAINT PAUL, MN 55101-1806		CONTACT NAME: Insurance Contact	
		PHONE (A/C, No. Ext): 111-111-1111	FAX (A/C, No.): 111-111-1111
		E-MAIL ADDRESS: insurance.contact@insuranceagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Saint Paul's Best Insurance Underwriter	NAIC #: 0001
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED JOHN DOE SHORT TERM RENTAL APPLICANT 111 WABASHA STREET SAINT PAUL, MN 55101	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSTR	TYPE OF INSURANCE	ADOL	BLUBR	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> Liability			00000001	1/1/2018	1/1/2019	EACH OCCURRENCE (DAMAGE TO RENTED PREMISES/LEASEHOLDINGS) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$ COMBINED SINGLE LIMIT (ER accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GEN'L AGGREGATE LIMIT APPLIED PER: POLICY <input type="checkbox"/> PER SECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SHORT TERM RENTAL - 1 COMO AVE, SAINT PAUL, MN							

CERTIFICATE HOLDER City of Saint Paul- Licensing Section Department of Safety and Inspections 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806	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 <i>Insurance Representative</i>
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7. PRODUCER CONTACT INFORMATION Insurance agency contact and phone, fax, or email.

7. INSURANCE UNDERWRITER

8. POLICY EFFECTIVE DATE & EXPIRATION DATE Must be valid and in place.

9. LIMITS OF INSURANCE Must be a minimum of \$300,000 liability.

10. POLICY NUMBER

11. AUTHORIZED REPRESENTATIVE Must be signed by insurance representative.

The ACORD Certificate of Insurance

"A certificate of insurance is a document that provides information about insurance policies. Millions of insurance certificates are issued every year, primarily in the United States. The majority of certificates are issued upon policy renewal to provide this information to third parties. These third parties are known as certificate requestors/ holders. Generally speaking, certificates list one or more lines of insurance, the limits associated with those coverages, and the insurer providing coverage." -acord.org