



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/8/2023

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 Cottingham & Butler 800 Main St. Dubuque IA 52001	CONTACT					
	NAME: PHONE (A/C, No, Ext): 888-785-4677			FAX (A/C, No): 563-583-7339		
	E-MAIL ADDRESS: certificates@cottinghambutler.com					
	INSURER(S) AFFORDING COVERAGE					NAIC #
	INSURER A: Everest Indemnity Company					10851
	INSURER B: Everest Denali					10120
	INSURER C: INSURER D: INSURER E: INSURER F:					
INSURED Eureka Recycling 2828 Kennedy Street NE Minneapolis MN 55413						
EUREREC-01						

COVERAGES

CERTIFICATE NUMBER: 1281005907

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	EF4ML06662-231	6/9/2023	6/9/2024			EACH OCCURRENCE	\$ 1,000,000			
							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 500,000		
							MED EXP (Any one person)		\$ 25,000		
							PERSONAL & ADV INJURY		\$ 1,000,000		
							GENERAL AGGREGATE		\$ 2,000,000		
							PRODUCTS - COMP/OP AGG		\$ 2,000,000		
							LIQUOR LIAB		\$ 1,000,000		
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	EF4CA00511-231	6/9/2023	6/9/2024			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
							BODILY INJURY (Per person)		\$		
							BODILY INJURY (Per accident)		\$		
							PROPERTY DAMAGE (Per accident)		\$		
									\$		
A	UMBRELLA LIAB EXCESS LIAB	X OCCUR CLAIMS-MADE	EF4ML06662-231	6/9/2023	6/9/2024			EACH OCCURRENCE	\$ 2,000,000		
								AGGREGATE		\$ 2,000,000	
										\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A				PER STATUTE	OTHR-				
								E.L. EACH ACCIDENT		\$	
								E.L. DISEASE - EA EMPLOYEE		\$	
								E.L. DISEASE - POLICY LIMIT		\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: RFP-PW-RECYCLING COLLECTION 2022 REBID Per Event #1219

CERTIFICATE HOLDER

CANCELLATION

City of St. Paul
25 West 4th Street
Saint Paul MN 55102

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

Emily Glanz

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/05/2023

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PRODUCER USI Insurance Services, LLC CL 8000 Norman Center Drive Suite 400 Bloomington, MN 55437	CONTACT NAME: USI Insurance Services, LLC	
	PHONE (A/C, No, Ext): 800 735-3008	FAX (A/C, No): 610-537-1954
INSURED The Neighborhood Recycling Corporation 2828 Kennedy Street NE Minneapolis, MN 55413	E-MAIL ADDRESS: ins.transportation@usi.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: The Builders Group	999999
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
								PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person)	\$		
							BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
								\$		
								\$		
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>						EACH OCCURRENCE	\$		
	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE	\$		
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$		
								\$		
								\$		
								\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N	N / A		070001980	04/01/2023	04/01/2024	X <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
								E.L. EACH ACCIDENT <input type="checkbox"/> \$1,000,000		
			E.L. DISEASE - EA EMPLOYEE <input type="checkbox"/> \$1,000,000							
			E.L. DISEASE - POLICY LIMIT <input type="checkbox"/> \$1,000,000							

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

Evidence of coverage

CERTIFICATE HOLDER

CANCELLATION

The Neighborhood Recycling Corporation 2828 Kennedy St. NE Minneapolis, MN 55413	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 

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