

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		08/01/24	07/31/25	EACH OCCURRENCE	\$ 1,500,000	
					DAMAGE TO RENTED PREMISES (each occurrence)	\$	
					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$ 1,500,000	
					GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS – COMP/OP AGG	\$ 2,000,000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (each accident)	\$	
					BODILY INJURY (Per person)	Personal: \$30,000 Commercial: \$750,000	
					BODILY INJURY (Per accident)	Personal: \$60,000 Commercial: \$1,000,000	
					PROPERTY DAMAGE (per accident)	Personal: \$20,000 Commercial: \$50,000	
					AUTO ONLY - EA ACCIDENT	\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$	
					AUTO ONLY: AGG	\$	
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
A	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU- TORY LIMITS	OTH- ER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL			E.L. EACH ACCIDENT	\$ 500,000	
					E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
					E.L. DISEASE – POLICY LIMIT	\$ 500,000	
	OTHER Grantees with 10 or less employees may be exempt. Exemption form may be provided upon request.						
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 25 West 4 th Street, 13 th Floor Saint Paul, MN 55102		Must include signature of Insurance Provider		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			