

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/02/2022

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.

lf	MPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	the	terms	and conditions of the po	licy, ce	rtain policies																		
PRODUCER						CONTACT Cathy Rand																		
North Risk Partners						PHONE (651) 270 7900 FAX (651) 270 7901																		
2010 Centre Pointe Blvd.						E-MAIL cathy rand@northrigkpartners.com																		
25.0 55.05. Onto Bird.						ADDRESS.																		
Mendota Heights MN 55120						INSURER(S) AFFORDING COVERAGE INSURED A. West Bend Mutual Group					15350													
						INSURER A.					15550													
INSURED						INSURER B:																		
Stone Valley Painting, LLC						INSURER C:																		
6130 Olson Memorial Highway					INSURER D:																			
Onlider Valley					INSURER E :																			
Golden Valley				MN 55422	INSURER F:																			
COVERAGES CERTIFICA				_			REVISION NUM																	
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	3														
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$ 1,00	0,000													
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		_{\$} 300,	000													
		Υ					06/03/2023	MED EXP (Any one person)		_{\$} 10,0	00													
Α				A620033		06/03/2022		PERSONAL & ADV I		_{\$} 1,00	0,000													
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	2,000		0,000													
	POLICY PRO- JECT LOC									0,000														
	OTHER:									\$														
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	0,000													
А	X ANY AUTO							BODILY INJURY (Pe	Y (Per person) \$															
	OWNED SCHEDULED	Υ		A620033		06/03/2022	06/03/2023	BODILY INJURY (Pe	(Per accident) \$															
	HIRED NON-OWNED							PROPERTY DAMAG	MAGE \$															
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$														
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURRENC	25	₆ 5.00	0,000													
A	EXCESS LIAB CLAIMS-MADE			A620033		06/03/2022	06/03/2023			0,000														
	DED RETENTION \$						AGGREGATE		\$,														
	WORKERS COMPENSATION	N/A				06/03/2022	06/03/2023	➤ PER STATUTE	OTH- ER	ў														
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		A620102							s 1,00	0,000													
Α	OFFICER/MEMBER EXCLUDED?							,		φ	0,000													
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		φ	0,000													
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ /	-,													
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule	mav he a	ttached if more en	ace is required)																	
l	LLOWING ENDORSEMENTS APPLY TO TH	•		·	•	•	• '	CONTRACT OR																
	REEMENT: General Liability: Additional insur								ers to us for	m														
	USCG2404 0509. Automobile Liability: Additional insured blanket form CA2048Z, waiver of transfer of rights of recovery against others to us (waiver of																							
Sub	subrogation) form CA0444 0310. Workers' Compensation: waiver of our right to recover from others form WC000313 04/84.																							
<u> </u>																								
CERTIFICATE HOLDER						CANCELLATION																		
Evidence of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																		
														AUTHO	AUTHORIZED REPRESENTATIVE									
		Orohen																						
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