Client#: 1887903 CITYMAP

$ACORD_{\cdot\cdot\cdot}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/11/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

this continuate does not come, any rights to the continuate holder in hea	or such endersement(s).					
PRODUCER	CONTACT Michelle L. Borowick					
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 952-322-9024 FAX (A/C, No): 952	-945-9477				
8000 Norman Center Dr, Suite 400	E-MAIL ADDRESS: Michelle.Borowick@usi.com					
Bloomington, MN 55437	INSURER(S) AFFORDING COVERAGE	NAIC #				
612 509-1001	INSURER A: League of MN Cities Insurance Trust					
INSURED	INSURER B:					
City of Maple Grove 12800 Arbor Lakes Parkway	INSURER C:					
•	INSURER D:					
Maple Grove, MN 55369-7064	INSURER E :					
	INSURER F:					

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.

INSP	1020	CIONE 7 NE CONDITIONS OF COOL	ADDLS	SUBB	EIMITO CHOVIN MINT TINVE BEE	POLICY FFF	POLICY EXP		
INSR LTR		TYPE OF INSURANCE	INSR \	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY			CMC10019267	03/31/2023	03/31/2024		\$2,000,000
		X CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	Χ	Ded.: 150,000						MED EXP (Any one person)	\$2,500
								PERSONAL & ADV INJURY	\$
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			CMC10019267	03/31/2023	03/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X	Comp Ded 150k X Coll Ded 150k						Hired AutoPD	\$Included
Α		UMBRELLA LIAB OCCUR			MEL10019277	03/31/2023	03/31/2024	EACH OCCURRENCE	\$5,000,000
	X	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED RETENTION \$							\$
Α		RKERS COMPENSATION EMPLOYERS' LIABILITY			WC10019298	03/31/2023	03/31/2024	X PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,500,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,500,000
Α	Мо	bile Property			CMC10019267	03/31/2023	03/31/2024	Limit \$4,008,683	
								Deductible \$150,000)

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

This Certificate is issued for insured operations usual to: MUNICIPALITY.

The general liability, automobile liability, and excess liability policies includes an automatic

Additional Insured endorsement that provides Additional Insured status to the Certificate holder, only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the premises referenced above.

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION			
Department of Natural Resources Regional Fisheries Manager; 1200 Warner Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
St Paul, MN 55106	AUTHORIZED REPRESENTATIVE			
1	See			

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DESCRIPTIONS (Continued from Page 1)				
The general liability, automobile liability, and excess liability policies provides a Blanket Waiver of Subrogation when required by written contract, except as prohibited by law.				
RE: Project: Aerator in Rice Lake - Maple Grove, MN. Rice Lake Area Association is additional insured with respect to general liability when required by written contract.				