

speaking of HOME

A major public artwork for St. Paul's skyways exploring home and celebrating Minnesota's diversity.

Nancy Ann Coyne

Project Director

t 612.333.6654

c 612.702.7336

nancy@speakingofhome.org

111 Washington Ave S

Studio 2608

Minneapolis, MN 55443

Greetings,

Because of the popularity of the *Speaking of Home* project, we have been encouraged to extend the project until June 30th, 2018. This success is due in no small part to the support we have received from the property owners that anchor the four skyways.

We received encouragement and support from various city officials and at the 1/26/18 meeting of the Capitol River Council's, Skyway Governance Advisory Committee, a resolution was passed to approve the project's extension and to support public art in general.

To make this happen, we need your continued support and are asking each property manager to approve the project extension. This PDF file contains the application; an updated addendum; the original public hearing resolution; Attachment A from the original application; and Certificates of Insurance for each property. Note that there are two certificates for each property—one dated 05/01/2017 through 05/01/2018 and one dated 05/01/2018 through 05/01/2019.

Currently the project is slated to come down on March 11. Because this extension has just recently been given the green light to move forward, we need your approval and signature by *Friday, March 9th!*

We hope that bringing public art to the Saint Paul skyways will help bring vitality and attention to downtown. Please let me know if you have any questions.

Sincerely,

Michael Haug

Project Manager—Speaking of Home

763-218-4051

mike@michaelhaugdesign.com



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

SKYWAY SYSTEM USE APPLICATION

Applicant

Name: Nancy Ann Coyne
Address: Studio 2608, 111 Marquette Avenue
City, State, Zip: Minneapolis, MN 55401

Phone: 612-702-7336
763-218-4051
Email: info@speakingofhome.org
mike@michaelhaugdesign.com

Organization Name: Speaking of Home

Purpose of Use: continue current public art installation/display in pedestrian skyway system; removal of display elements and any necessary repairs to space after removal will be completed within two weeks after final display date; installation's continuance also encompasses the Ongoing Activities Permit and the School Group Tour Skyway Use Reviews currently in place with adherence to all the same conditions outlined in attached addendums.

Location: Skyway bridges #11, 17, 21, 18 and skyway corridors in adjoining buildings.

Date(s): March 10, 2018 – June 30th, 2018

Hours: Tours and activities only from 9-11 am; 1:30-4pm; 6-9pm; 10am-9pm weekends

I, by signing in the appropriate space below, affirm that (1) I am an authorized representative of the applicant; (2) I have read the rules and regulations governing skyway use; and (3) I agree, on behalf of the applicant, to abide thereby.

Applicant

3/2/18

Date

Building Manager

Name: _____
Building Name: _____
Building Address: _____
City, State, Zip: _____
Phone: _____ Email: _____

I, by signing in the appropriate space below, authorize the above named group to use the portion of the building requested in this application and accept full responsibility for applicant's use of space.

Building Manager

Date

DSI Review Comments: _____

City Staff Approval

Date

SKYWAY SYSTEM USE APPLICATION—Extension
Public Art Installation and Display
Ongoing Activities
School Group Tours

Public Art and Display

Speaking of Home is requesting an extension of the project until June 30th, 2018. Removal of display elements and any repairs that may be needed will be completed by July 15th, 2018.

Insurance

See attached Certificates of Insurance with dates extended through June 30th, 2018.

Ongoing Activities

Activities we anticipate would be ongoing throughout the duration of the Speaking of Home project include small group tours, school classroom field trips, media interviews and photography. These activities are requested and scheduled through Speaking of Home and hosted by a representative of Speaking of Home.

School Group Tours

School group self-tours will need to fill out a permit application and submit it to the city for review and approval. Property owner signatures will not be required. This permit defers review and approval to the City of Saint Paul Department of Safety and Inspections staff.

All conditions outlined and described in previous permits will remain in effect.

SKYWAY SYSTEM USE APPLICATION—Addendum General/Ongoing Use Request

Ongoing Activities

Activities we anticipate would be ongoing throughout the duration of the Speaking of Home project include small group tours, school classroom field trips, media interviews and photography. This permit application will apply to those activities requested and scheduled through Speaking of Home and hosted by a representative of Speaking of Home.

As a requirement from the State Arts Board and the Metropolitan Regional Arts Council, an evaluative impact study of the project is also an ongoing activity at the Speaking of Home site. This will include brief interviews of visitors by members of our team.

Equipment

Photography equipment that will be allowed include a camera tripod and stand lights. Microphone stands are also allowed for recording purposes. Microphones and speakers to amplify a speaker's voice are not allowed. Tables, podiums, stools, and chairs will not be allowed. A separate application is required for events using such equipment.

Equipment used during an allowed activity must not block the use of the skyway by other pedestrians. A 48" wide accessibility pathway must be maintained at all times during the activity/tour to comply with ADA and Fire Emergency requirements.

Group Control

A Speaking of Home representative along with at least one representative of the outside group will be responsible for control and management of the group. Groups will be asked to follow these guidelines:

- > Groups must check in at one of the security desks near the project
- > Maintain an accessible pathway of at least 48"
- > Maintain noise levels at or below conversation level
- > Maximum group size of 15
- > Groups be kept together throughout the tour
- > Groups will be required to defer to building security if necessary
- > Groups not following these guidelines and/or create a disturbance will be asked to leave

Photography

Although photos of the artwork and the group itself on the skyway bridges are permitted, the building pathways between the bridges are not public property. Photography of items, areas and people not associated with the project and/or tour is typically prohibited by building management.

Emergency Response

The Speaking of Home representative will be responsible to call 911 Emergency if necessary.

SKYWAY SYSTEM USE APPLICATION—Addendum

School Groups

School and Classroom Tours

School groups (K through college) that wish to visit the project in the skyway must fill out a Skyway System Use Application and send it to the City of Saint Paul to obtain a permit.

The skyways are intended for public pedestrian traffic between buildings and are used by thousands of people every day. Groups touring the Speaking of Home project must respect this purpose by providing ample room for others using the skyways. Each group must include responsible adult supervision to help control noise and behavior while in the skyway and maintain a minimum pathway of 48” wide for others at all times during the tour per ADA and Fire Code requirements. Groups visiting the project must do so during these times: Weekdays 9:00 – 11:00am; 1:30 – 4:00pm; and 6:00 – 9:00pm. Tours on Saturday and Sunday can be scheduled anytime between 10:00am – 9:00pm.

Group Control

Adult supervision of school age children is required for control and management of the class. Groups will be asked to follow these guidelines:

- > Groups must check in at one of the security desks near the project
- > Maintain an accessible pathway of at least 48” for others in the skyway
- > Maintain noise levels at or below conversation level
- > Maximum group size of 15. Larger classes must be divided into smaller groups
- > Groups must be kept together throughout the tour
- > Groups will be required to defer to building security if necessary
- > Groups not following these guidelines and/or create a disturbance will be asked to leave

Permit Process

Fill out and sign the permit application and email a copy to the city for review and approval prior to conducting your tour. Failure to do so may result in a violation of the legislative code and orders to cease the tour immediately.

Email the completed permit application to: dsicomplaints@ci.stpaul.mn.us and tom.ferrara@ci.stpaul.mn.us

If you have any questions about the permitting process contact the Saint Paul Department of Safety and Inspections at 651-266-8989.

SKYWAY USE COMPLIANCE REVIEW COMPONENTS

Property owner request/authorization to conduct proposed activity in and/or impacting public easement space through their property with acknowledgement that property owner accepts responsibility/liability for the activity:

- per past practice, property owner consent typically accepted in the form of a “SKYWAY SYSTEM USE APPLICATION;”
- in circumstances when additional insurance coverage(s) required of event organizer by property owner and/or City of Saint Paul, a Certificate of Insurance is required naming the City as an additional insured Certificate Holder (City of St. Paul c/o DSI, 375 Jackson St., Saint Paul, MN 55101, Fax 651-266-9124).

Location specifics in format of a site/floor plan illustrating the width (minimum of 48” required) of public pedestrian passageway to be kept open at all times during course of event in easement/bridge and indicating where all associated activities, equipment, etc. will be placed in relation to event.

Time and duration of event (specify time for setup, performance/activity, takedown, etc.).

Activity specifics including:

- event type (exhibit, performance, fundraiser sale, etc.) and content;
- total number of people anticipated including event staff/organizers, participants, performers, spectators, tech assistance, etc. (note how event to be promoted);
- crowd control plan (limit size of crowd, actively prevent blockages of pedestrian traffic & exits, monitor and intervene in unruly behavior, etc.);
- equipment, furniture, signs, etc. to be used/present in space;
- sound/volume level and clarify whether sound will be amplified;
- note whether filming/photography planned.

Except where a use application review specifically provides, the regulations set forth in Chapter 140 of the Saint Paul Legislative Code, the General Policy Statement for the Construction of the Saint Paul Skyway System last amended 2/24/2006, the applicable easement agreement terms for affected properties, and other applicable City Ordinances and State Statutes are still in effect and enforceable during all phases of a reviewed/approved skyway activity, performance, use, etc.

Failure to comply with these conditions and those outlined in communications preparing for the event may result in the event being temporarily halted and/or immediately cancelled by City/DSI staff, the Saint Paul Police Department, and/or the property management along with potential criminal citations to all responsible parties, summary abatement proceedings and/or revocation of the Fire Certificate of Occupancy.

To review the applicable ordinance, the City of Saint Paul Legislative Code is available online at www.stpaul.gov and www.municode.com (search Chapter 140. Skyway Conduct). Contact the Department of Safety and Inspections (DSI) at 651-266-8989 or dsicomplaints@ci.stpaul.mn.us for more detail.



City of Saint Paul

City Hall and Court
House
15 West Kellogg
Boulevard
Phone: 651-266-8560

Signature Copy

Resolution-Public Hearing: RES PH 16-213

File Number: RES PH 16-213

Approving the application of Speaking of Home for the installation of Public Art in the Public Right-of-Way for a 90 day period.

WHEREAS, Speaking of Home, an organization established to empower immigrants and draw attention to their lives and struggles through the power of design and the arts, wishes to utilize two skyway bridges on Minnesota Street between 7th Place and 5th Street and two skyway bridges on 6th Street between Cedar Street and Robert Street for a temporary public art exhibition; and,

WHEREAS, resolution #02-1108 adopted by City Council on November 27, 2002, provides the permitting policy and process for the review and approval of public art proposed in the ROW, and sets forth general conditions for artwork installation; and,

WHEREAS, Speaking of Home has submitted complete and proper applications for the project which meet all conditions laid out in resolution #02-1108; and,

WHEREAS, as outlined in the approval process of resolution #02-1108, Public Works has reviewed Speaking of Home's application and the Director of Public Works has convened a panel to evaluate the proposal; and,

WHEREAS, the Director of Public Works and the Director of the Department of Safety and Inspections are recommending approval of the application, subject to all conditions outlined in attachment A, and,

WHEREAS, the Capitol River Council's Skyway Advisory Committee, Building Owners and Managers Association "BOMA" and adjacent property owners have been consulted regarding the project and their input has been included in the conditions upon which the Permit for the Project is granted set forth in Attachment A; and,

WHEREAS, Speaking of Home has also applied for a Skyway Use Permit under Chapter 140 of the St. Paul Legislative Code and understands both the Public Art permit as contained in this Resolution and the Skyway Use Permit are necessary to proceed with the installation of the Project;


NOW, THEREFORE BE IT RESOLVED that the Council of the City of Saint Paul hereby grants approval to Public Works to issue a Permit to Applicant for the Project, subject to the conditions described in Attachment A.

At a meeting of the City Council on 7/6/2016, this Resolution-Public Hearing was Passed.


Yea: 6 Councilmember Bostrom, Councilmember Brendmoen, Councilmember Tolbert, City Council President Stark, Councilmember Noecker, and Councilmember Prince

Nay: 0

Absent: 1 Councilmember Thao

Vote Attested by 
Council Secretary _____
Trudy Moloney

Date 7/6/2016

Approved by the Mayor 

Date 7/8/2016

Speaking of Home Public Art Installation Attachment A

Public Works will grant permission for an art installation to be installed by Speaking of Home ("Applicant") beginning approximately early February of 2017 and ending approximately April of 2017 with the ability to extend the permit once for an additional 90 day period contingent upon the approval of the Director of Public Works and the Director of the Department of Safety and Inspections. The Project total will not exceed 180 days not including set up and take down time allowance.

The applicant understands that any related programming during the Project, including tours and celebrations will need separate permits through DSI or any other applicable city department.

The Applicant understands that there may be no advertising or corporate logos and sponsorship information may not be included on any approved static materials.

The Applicant understands that Public Works may install banners on the outside of the same skyway bridges as the Project during the course of this permit that may obscure the artwork.

The Permit for the Project proposes the following installations on each skyway bridge and adjacent area as defined below and illustrated more specifically below:

Skyway 11

- 14 approximately 12'x10' photographic artwork panels printed on scrim fabric
- 2 approximately 27"x 107.5" photographic artwork panels printed on scrim fabric
- 8 biographical panels 32" x 44" digital silk-screened polycarbonate
- 6 overhead signage panels 10" x 36" digital silk-screened polycarbonate
- 1 10" x 5" vertical brochure holder inside Skyway 11
- 1 transom graphic approx. 72" x 12" installed over entrance to Skyway 11 from Securian Building
- 1 directly wall mounted, adhesive-backed informational signage 89.5" x 60" with 10"x 5" brochure holder installed on left side of entrance to Skyway 11 near lavatories in Town Square

Skyway 17

- 16 approximately 12'x10' photographic artwork panels printed on scrim fabric
- 8 biographical panels 32" x 44" digital silk-screened polycarbonate
- 6 overhead signage panels 36"x 10" digital silk-screened polycarbonate
- 1 transom graphic 30"x 130" installed over entrance to Skyway 17 from Town Square
- 1 directly wall mounted, adhesive-backed informational signage 90.5"x 55.5" with 10"x 5" brochure holder installed on right side of entrance to Skyway 17 from Town Square
- 1 transom graphic 19" x 207" installed over entrance to Skyway 17 from Alliance Bank
- 1 directly wall mounted, adhesive-backed informational signage approximately 98.5" x 164" (height x diameter) with brochure holder installed on pillar next to food court in Alliance Bank

Skyway 21 and Alliance Bank Center

- 16 approximately 12'x10' photographic artwork panels printed on scrim fabric
- 8 biographical panels 32" x 44" digital silk-screened polycarbonate
- 6 overhead signage panels 36"x10" digital silk-screened polycarbonate
- 1 acrylic 10"x 5" vertical brochure holder installed inside Skyway 21 on left side adjacent to entrance to US Bank Center
- 1 freestanding informational signage (72" x 30") with brochure holder with adhesive-backed vinyl on gator board installed to right of skyway entrance using a Mightee Mount freestanding base.
- 1 wall graphic 122.5" x 52.5" installed on right side near entrance to Skyway 21 from US Bank Center (transom not available)
- 1 directly wall mounted, adhesive-backed informational signage approximately 100" x 40" with 10"x 5" vertical brochure holder installed on right side of entrance to Skyway 21

Skyway 18 and U.S. Bank Center

- 16 approximately 12'x10' photographic artwork panels printed on scrim fabric
- 8 biographical panels 32"x44" digital silk-screened polycarbonate
- 6 overhead signage panels 36"x10" digital silk-screened polycarbonate
- 1 acrylic approximately 10"x 5" vertical brochure holder installed inside Skyway 18 near entrance to Securian Building on right side
- 1 freestanding informational signage 4'x8' with brochure holder with adhesive-backed vinyl on ½" gator board installed next to escalator railing in US Bank Center using a Mightee Mount freestanding system
- 1 transom graphic approximately 35"x181" installed over entrance to Skyway 18 from US Bank
- 1 transom graphic 72"x12" installed over entrance to Skyway 18 from Securian Building

The Applicant understands that this permit covers installation, exhibition and removal of the static material in the Project and any activities or installations not outlined in the application including but not limited to additional displays, performances, promotions, interaction, smartphone apps and surveys are not covered by this permit and, unless permitted, not allowed.

The Applicant further understands engaging in unpermitted activity or failure to follow any term outlined in this resolution will result in revocation of the Project's Permit.

1) Coverage and Duration of the Permit: This permit covers Project installation, Project exhibition and Project removal. The permit runs from February of 2017 through April of 2017, unless a 90 day extension has been granted in writing by the Director of Public Works and the Director of the Department of Safety and Inspections, in which case the permit will run from February of 2017 to August of 2017.

2) Maintenance: The Project will adhere to the maintenance guidelines outlined in the Project's application for permit and, in addition:

The Project shall maintain all installations to the satisfaction of the Director of the Department of Public Works and the Director of the Department of Safety and Inspections. The Project shall inspect each of this four skyway sites identified above every Monday, Wednesday and Friday. Installations that are identified as damaged, broken or in need of maintenance will be repaired or restored within 48 hours of the inspection.

The Project shall provide contact information for the individual(s) in charge of maintenance. Contact information shall include an individual(s) responsible for the work and shall include the name and phone number where the person(s) can be reached 24 hours a day.

The Project shall respond on to any request from the City for maintenance with correction of any all noticed issues within forty-eight (48) hours. An email to the individual identified by the Project as the Project Manager shall constitute sufficient notice.

All equipment needed for maintenance of the project including but not limited to ladders, rolling carts and hand tools will be provided by staff hired by Project to complete maintenance.

3) Complaints: The Project shall implement a mechanism to log and address complaints.

The complaint system will allow for complaints to be entered via email, phone, text or filed electronically. The complaint system will copy the Director of the Department of Public Works and the Director of the Department of Safety and Inspections all complaints.

The Project shall respond on to any complaint with correction of any all noticed issues within forty-eight (48) hours. An email to the individual identified by the Project as the Project Manager shall constitute sufficient notice.

4) Project Installation: All equipment needed for installation of the project including but not limited to ladders, rolling carts and hand tools will be provided by staff hired by Project to complete the installation.

6) Project Removal: Unless the Director of the Department of Public Works and the Director of the Department of Safety and Inspections have granted a 90 day extension for the Project, removal will begin at the end of April, 2017. If the request for a 90 day extension is granted, removal will begin on at the end of August, 2017.

All equipment needed for removal of the project including but not limited to ladders, rolling carts and hand tools will be provided by staff hired by Project to complete the removal.

7) Limitations: This Project is limited to the items covered in the permit request only. Unless permitted through other means, there will be no attempts at performance, electronic interpretation or any other interruptions.

8) Insurance: Liability insurance for City entities and all four private properties will be provided as outlined in the permit application.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2018

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 Bremer Insurance Agencies, Inc. 633 South Concord Street - Suite 225 PO Box 188 South Saint Paul, MN 55075	CONTACT NAME: PHONE (A/C, No, Ext): (651) 552-2424	FAX (A/C, No): (651) 450-5158
	E-MAIL ADDRESS: mnhammel@bremer.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : West Bend Mutual	15350
	INSURER B : Dakota Truck Underwriters	34924
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED	CERTIFICATE NUMBER:	REVISION NUMBER:
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Archetype Signmakers: Signs of Life, inc.
 9611 James Ave S
 Minneapolis, MN 55431

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			A374701	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			A374701	05/01/2017	05/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			A374701	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
B	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	WC0100007259	05/01/2017	05/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property - Commercial			A374701	05/01/2017	05/01/2018	Business Property 2,100,000

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

CERTIFICATE HOLDER

Alliance Building LLC
 55 5th Street East
 St. Paul, MN 55102

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2018

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PRODUCER Bremer Insurance Agencies, Inc. 633 South Concord Street - Suite 225 PO Box 188 South Saint Paul, MN 55075	CONTACT NAME: PHONE (A/C, No, Ext): (651) 552-2424 FAX (A/C, No): (651) 450-5158 E-MAIL ADDRESS: mnhammel@bremer.com
INSURER(S) AFFORDING COVERAGE	
INSURED	NAIC #
Archetype Signmakers: Signs of Life, inc. 9611 James Ave S Minneapolis, MN 55431	INSURER A : West Bend Mutual 15350 INSURER B : Dakota Truck Underwriters 34924 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A374701	05/01/2017	05/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			A374701	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC0100007259	05/01/2017	05/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property - Commercial			A374701	05/01/2017	05/01/2018	Business Property 2,100,000

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

CERTIFICATE HOLDER**CANCELLATION**

Capitol City Property Management 401 Robert Street North St. 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
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CERTIFICATE OF LIABILITY INSURANCE

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01/03/2018

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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.

PRODUCER: Bremer Insurance Agencies, Inc. 633 South Concord Street - Suite 225 PO Box 188 South Saint Paul, MN 55075
CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Property - Commercial.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Town Square Realty, LLC, Sentinel Real Estate Corporation, Sentinel Property Management Corp., Regatta Realty Corp. V, their agents, beneficiaries, and successors, all as their interest may appear

CERTIFICATE HOLDER

CANCELLATION

Certificate holder information: Town Square Realty, LLC, 445 Minnesota Street, St. Paul, MN 55102. Cancellation notice: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/03/2018

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PRODUCER Bremer Insurance Agencies, Inc. 633 South Concord Street - Suite 225 PO Box 188 South Saint Paul, MN 55075	CONTACT NAME: PHONE (A/C, No, Ext): (651) 552-2424 FAX (A/C, No): (651) 450-5158
	E-MAIL ADDRESS: mnhammel@bremer.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : West Bend Mutual	NAIC # 15350
INSURER B : Dakota Truck Underwriters	NAIC # 34924
INSURER C :	
INSURER D :	
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			A374701	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A374701	05/01/2017	05/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			A374701	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC0100007259	05/01/2017	05/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property - Commercial			A374701	05/01/2017	05/01/2018	Business Property 2,100,000

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

CERTIFICATE HOLDER

CANCELLATION

US Bank Center, LLC 15 5th Street East St. 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



CERTIFICATE OF LIABILITY INSURANCE

ARCHSIG-01

JTDOTTE

DATE (MM/DD/YYYY)

02/21/2018

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PRODUCER Bremer Insurance Agencies, Inc. 633 South Concord Street - Suite 225 PO Box 188 South Saint Paul, MN 55075	CONTACT NAME: PHONE (A/C, No, Ext): (651) 552-2424 FAX (A/C, No): (651) 450-5158 E-MAIL ADDRESS: <hr/> <table style="width: 100%;"><tr><td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td><td style="text-align: center;">NAIC #</td></tr><tr><td>INSURER A : West Bend Mutual</td><td>15350</td></tr><tr><td>INSURER B : Dakota Truck Underwriters</td><td>34924</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : West Bend Mutual	15350	INSURER B : Dakota Truck Underwriters	34924	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : West Bend Mutual	15350														
INSURER B : Dakota Truck Underwriters	34924														
INSURER C :															
INSURER D :															
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A374701	05/01/2018	05/01/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A374701	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A374701	05/01/2018	05/01/2019	EACH OCCURRENCE	\$ 9,000,000
							AGGREGATE	\$
								\$ 9,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC0100007259	05/01/2018	05/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Property -Commercial			A374701	05/01/2018	05/01/2019	Business Property	2,249,700

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

CERTIFICATE HOLDER**CANCELLATION**Alliance Building LLC
55 5th Street East
St. 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/21/2018

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PRODUCER Bremer Insurance Agencies, Inc. 633 South Concord Street - Suite 225 PO Box 188 South Saint Paul, MN 55075	CONTACT NAME: PHONE (A/C, No, Ext): (651) 552-2424 FAX (A/C, No): (651) 450-5158 E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : West Bend Mutual</td> <td>15350</td> </tr> <tr> <td>INSURER B : Dakota Truck Underwriters</td> <td>34924</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : West Bend Mutual	15350	INSURER B : Dakota Truck Underwriters	34924	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Archetype Signmakers: Signs of Life, inc. 9611 James Ave S Minneapolis, MN 55431															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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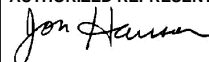
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A374701	05/01/2018	05/01/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A374701	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A374701	05/01/2018	05/01/2019	EACH OCCURRENCE	\$ 9,000,000
							AGGREGATE	\$
								\$ 9,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N <input checked="" type="checkbox"/> N N / A If yes, describe under DESCRIPTION OF OPERATIONS below			WC0100007259	05/01/2018	05/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Property -Commercial			A374701	05/01/2018	05/01/2019	Business Property	2,249,700

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

CERTIFICATE HOLDER**CANCELLATION**
Capitol City Property Management
 401 Robert Street North
 St. 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





CERTIFICATE OF LIABILITY INSURANCE

ARCHSIG-01

JTDOTTE

DATE (MM/DD/YYYY)

02/21/2018

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PRODUCER Bremer Insurance Agencies, Inc. 633 South Concord Street - Suite 225 PO Box 188 South Saint Paul, MN 55075	CONTACT NAME:	
	PHONE (A/C, No, Ext): (651) 552-2424	FAX (A/C, No): (651) 450-5158
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : West Bend Mutual	15350
	INSURER B : Dakota Truck Underwriters	34924
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED Archetype Signmakers: Signs of Life, inc. 9611 James Ave S Minneapolis, MN 55431
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		A374701	05/01/2018	05/01/2019	EACH OCCURRENCE	\$ 1,000,000
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A374701	05/01/2018	05/01/2019	EACH OCCURRENCE	\$ 9,000,000
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							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Property -Commercial			A374701	05/01/2018	05/01/2019	Business Property	2,249,700

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Town Square Realty, LLC, Sentinel Real Estate Corporation, Sentinel Property Management Corp., Regatta Realty Corp. V, their agents, beneficiaries, and successors, all as their interest may appear

CERTIFICATE HOLDER Town Square Realty, LLC 445 Minnesota Street St. Paul, MN 55102	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/21/2018

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PRODUCER: Bremer Insurance Agencies, Inc. CONTACT NAME: West Bend Mutual. INSURER A: West Bend Mutual. INSURER B: Dakota Truck Underwriters.

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

CERTIFICATE HOLDER

CANCELLATION

US Bank Center, LLC
15 5th Street East
St. Paul, MN 55102

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AUTHORIZED REPRESENTATIVE

Signature: Jon Hansen