



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2013

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 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 Array Financial Services 2500 Mendelssohn Ave N Golden Valley, MN 55427	CONTACT NAME:	Sheryl Frieman	
	PHONE (A/C, No, Ext):	763-504-3067	FAX (A/C, No): 763-504-3011
	E-MAIL ADDRESS:	dawnb@arrayinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A:	AM Trust North America	
INSURED Thai Ginger Restaurant Inc DBA Kyrina Sengmavong 173 South Robert Street Saint Paul, MN 55107	651-225-8272	INSURER B:	
		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 SUBR INSR	WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Liquor Liability \$100/300 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MBP1004233	05/10/2013	12/04/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MMP1004776	05/10/2013	05/10/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 POLICY CANCELLED AS OF 12-4-13 DOES NOT MEET COMPANY UNDERWRITING

CERTIFICATE HOLDER City of St. Paul Department of Safety & Inspect 375 Jackson Street Suite 220 St. Paul, MN 55101 651-266-0989 651-266-9124	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 <i>Sheryl Frieman</i>
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NAME AND ADDRESS OF INSURANCE COMPANY

Milwaukee Casualty Insurance Company
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

KIND OF POLICY: Business Owners Policy
POLICY/APPLICATION/BINDER NO.: MBP1004233 02
CANCELLATION, EXPIRATION OR CONDITIONED RENEWAL WILL TAKE EFFECT AT: 12/16/2013 12:01 AM (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING: 12/4/2013
NAME AND ADDRESS OF AGENT/BROKER: Array Financial Services, Inc. 2500 Mendelssohn Avenue N Minneapolis MN 55427-3119

NAME AND ADDRESS OF INSURED

Thai Ginger Restaurant
173 Robert St. S
Saint Paul, MN 55107

(Applicable item marked "X")

Cancellation	<input checked="" type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above. See the "Important Notices" section for other information that may apply.
	<input type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above for the reason(s) stated in the "Important Notices" section. See the "Important Notices" section for other information that may apply.
	<input type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the insurance will cease at and from the hour and date mentioned above for the reason(s) stated in the "Important Notices" section. If cancellation is due to nonpayment of premium, cancellation can be avoided by paying the premium due (\$ _____) before the effective date of this cancellation as shown above. If timely payment has been made, please advise us or your agent immediately to avoid interruption in coverage. See the "Important Notices" section for other information that may apply.
Premium Adjustment	<input type="checkbox"/> Unearned premium will be returned to you not later than the effective date of cancellation.
	<input type="checkbox"/> Premium adjustment will be made as soon as practicable after cancellation becomes effective.
	<input type="checkbox"/> Enclosed is \$ _____, being the amount of return premium at pro rata for the unexpired term of this policy.
	<input type="checkbox"/> A bill for the premium earned to the time of cancellation will be forwarded in due course.
	<input type="checkbox"/> Unearned premium will be credited to your agent's account since the premium was paid by your agent.
Nonrenewal	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed. See the "Important Notices" section for other information that may apply.
Important Notices	<input type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed for the reason(s) stated in the "Important Notices" section. If nonrenewal is due to termination of our affiliation with your agent, we will transfer your policy to another agent if you make a written request to do so prior to the nonrenewal date. (This provision applies only to homeowners insurance.) See the "Important Notices" section for other information that may apply.
	<input checked="" type="checkbox"/> Reason(s) for cancellation or nonrenewal (reason(s) stated only if this item is marked): Nonpayment of Premium _____ _____ _____
	<input type="checkbox"/> Right to Appeal to the Commissioner of Commerce Regarding Homeowners Insurance: Minnesota law and rules limit the reasons for which your homeowners insurance policy may be nonrenewed, or for which the policy may be cancelled. If you believe this termination notice is in violation of Minnesota law or rules, you may, within 30 days of receiving this notice, send a written letter of complaint to the Commissioner of Commerce, State of Minnesota, 85 7 th Place East, Suite 500, St. Paul Minnesota 55101.
	<input type="checkbox"/> Replacement of Property (Fire) or Homeowners Insurance: This notice of cancellation or nonrenewal pertains to a policy providing fire, extended coverage and possibly vandalism and malicious mischief coverage or homeowners, cooperative housing or condominium insurance or farm insurance. If you wish to replace your policy, you should make an effort to obtain insurance through another company in the voluntary market. If you have difficulty procuring replacement coverage in the voluntary market, you possibly may obtain such insurance through the Minnesota Fair Plan. For further information, please contact your agent or the Fair Plan office.

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