



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/07/2022

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.

**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).

<b>PRODUCER</b> North Risk Partners 2010 Centre Pointe Blvd.  Mendota Heights MN 55120	<b>CONTACT NAME:</b> Tracy Haile <b>PHONE (A/C, No, Ext):</b> (651) 379-7800 <b>FAX (A/C, No):</b> (651) 379-7801 <b>E-MAIL ADDRESS:</b> tracy.haile@northriskpartners.com
<b>INSURED</b>  Minnesota Museum of American Art 350 Robert Street N Suite 101 St Paul MN 55101	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A:</b> Travelers Property Casualty Co of America     25674 <b>INSURER B:</b> Travelers Casualty Insurance Co of America     19046 <b>INSURER C:</b> SFM Mutual Insurance Company     11347 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**    **CERTIFICATE NUMBER:** 21-22 MASTER LIAB.    **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6605J163622	07/01/2021	07/01/2022	EACH OCCURRENCE     \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)     \$ 300,000
							MED EXP (Any one person)     \$ 5,000
							PERSONAL & ADV INJURY     \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			BA1N953216	07/01/2021	07/01/2022	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000			CUP5J177073	07/01/2021	07/01/2022	EACH OCCURRENCE     \$ 4,000,000
							AGGREGATE     \$ 4,000,000
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)     Y / N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			130.239	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER     \$
							E.L. EACH ACCIDENT     \$ 500,000
							E.L. DISEASE - EA EMPLOYEE     \$ 500,000
							E.L. DISEASE - POLICY LIMIT     \$ 500,000

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

Skyway 31 between Jackson Street Ramp and Great Northern Building for the Off the Deep End Project.


Certificate Holder is an Additional Insured under the Commercial General Liability when required by written contract.

**CERTIFICATE HOLDER**

City of St. Paul  
 375 Jackson Street, Suite 220  
  
 St. Paul MN 55101

**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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