



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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(es) 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	CONTACT : Choua Vang NAME: Choua Vang PHONE (AG. No. Ext.): (651) 815-0818 FAX (AG. No.): ADDRESS: INSURER(S) AFFORDED COVERAGE INSURER A: Western Agricultural Ins. Co NAIC # 27871 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
INSURED	98-1653 CC KYONG YE FIRNSTAHL SOLE CAFE 884 SHELLING AVE N SAINT PAUL, MN 55104-1840		

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>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 PAY CLAIMS.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	BP 6009682	10/15/2016	10/15/2017	EACH OCCURRENCE \$ 1000000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X LIQUOR LIABILITY	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 300000
GENL AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 10000	
X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1000000	
OTHER:					GENERAL AGGREGATE \$ 2000000	
AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2000000	
ANY AUTO OWNER AUTOS ONLY Hired AUTOS ONLY		<input type="checkbox"/>			COMBINED SINGLE LIMIT (\$ per accident) \$	
SCHEDULED AUTOS NON-OWNED AUTOS ONLY		<input type="checkbox"/>			BODILY INJURY (Per person) \$	
UMBRELLA LIAB		<input type="checkbox"/>			BODILY INJURY (Per accident) \$	
EXCESS LIAB		<input type="checkbox"/>			PROPERTY DAMAGE (\$ per accident) \$	
DED RETENTION\$					EACH OCCURRENCE \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/>			AGGREGATE \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/>			PER STATUTE \$	
		<input type="checkbox"/>			OTHR \$	
					E.L. EACH ACCIDENT \$	
					E.L. DISEASE - EA EMPLOYEE \$	
					E.L. DISEASE - POLICY LIMIT \$	

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

Liquor Liability Coverages - "On Premises Consumption" on all location and all building.

CERTIFICATE HOLDER	CANCELLATION
CITY OF SAINT PAUL - DS1 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101	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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