

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/10/2011

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)

certificate holder in lieu of such endors										
PRODUCER THOMAS ROYCRAFT 11375 ROBINSON DR #105					CONTACT TOM ROYCRAFT PHONE (AIC, No, Ext): 651-204-7062 (AIC, No):					
COOR RAPIDS MN 55433				custo	MER ID#					
NSURED							DING COVERAGE		NAIC#	
ST PAUL FIRE FOUNDATION						TOS INPO	RANCE COMPANY		17370	
c/o steve shapira				INSURE						
PO BOX 10593					INSURER C:					
SAINT PAUL MN 55110					INSURER D:					
COVERAGES CER	TIEIC	ATE	NUMBER:	INSURE	:K F :		REVISION NUMBER;			
THIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUR	ANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	HE POL	ICY PERIOD	
INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT. POLIC	AIN, T CIES. I	HE INSURANCE AFFORD	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS.) HEREIN IS SUBJECT TO	O ALL 1	WHICH THIS THE TERMS,	
SR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5		
GENERAL LIABILITY		Г					EACH OCCURRENCE	\$1,0	00,000	
A X COMMERCIAL GENERAL LIABILITY			NN148319 Isurance is issued pursu			,,	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1	00,000	
CLAIMS-MADE X OCCUR			sota Surplus Lines Insu				MED EXP (Any one person)	\$:	5,000	
			is an eligible surplus I				PERSONAL & ADV INJURY	\$1,0	00,000	
			otherwise licensed by T				GENÉRAL AGGREGATE	\$2,0	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER;			sota. In case of insolve ms is not guaranteed.	ncy, p	ayment		PRODUCTS - COMP/OP AGG	\$ EX	CLUDED .	
POLICY PRO- JECT LOC		t ciai	ins is not guaranteed.				i de la companya de l	\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMITS (\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
ALL OWNED AUTOS						. }	BODILY INJURY (Per accident)	\$		
SCHEDULED AUTOS			** · · · · · · · · · · · · · · · · · ·			i i	PROPERTY DAMAGE			
HIRED AUTOS							(Per accident)	\$		
NON-OWNED AUTOS								\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DEDUCTIBLE								\$		
RETENTION \$							WC STATU- OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)							E,L, DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below		 					E.L. DISEASE - POLICY LIMIT	\$		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ttoch A	CORD 101 Additional Remarks	Sohodula	if mare enanc in	required)				
E FUND RAISER ON JUNE 14,	20	11	1683 ENERGY PA	RK I	R, ST.PA	AUL, MN				
ERT HOLDER IS ALSO LISTED) As	AN	ADDITIONAL INSU	JRED	- LANDLO	ORD				
ERTIFICATE HOLDER				CANO	ELLATION				·····	
				THE	EXPIRATION ORDANCE WI	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL E Y PROVISIONS.			
CITY OF ST,PAUL 1683 ENERGY PARK DR ST.PAUL MN 55108			js/js	AUTHO	RIZED REPRESEI	Patt	Lynch			

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