Application for Skyway System Use Permit Speaking of Home—St. Paul

PERMIT AND INSURANCE FORMS

APPENDIX E

								ARCHE	.4	OP ID: MM		
Ą		FIF	:IC	ATE OF LIA	RII		SURA			(MM/DD/YYYY)		
										/14/2015		
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).											
	DUCER	onne	ant(s)	,. Phone: 651-552-2424		T Mary Mr	oszak					
	ner Insurance - SSP e 225			Fax: 651-450-5158	4 CONTACT Mary Mroszak 8 PHONE 8 (A/C, No, Ext): 651-552-2453 FAX (A/C, No): 651-450-5158							
633	Concord St South - Box 188				E-MAIL ADDRESS: mjmroszak@bremer.com							
	th St. Paul, MN 55075 D. Hanson				INSURER(S) AFFORDING COVERAGE NAIC #							
	B . Hallooff				INSUREF		end Mutual			15350		
INSU	, a en eijpe eignmanere, n	nc			INSUREF	_{кв∶} Dakota	Truck Und	erwriters		34924		
	Archetype Installation, LI 9635 Girard Avenue S	_C			INSUREF	۲C:						
	Bloomington, MN 55431				INSUREF	RD:						
	G <i>i</i>				INSUREF	R E :						
					INSUREF	R F :						
-					/F 8			REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE											
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY T	THE POLICIE	S DESCRIBE					
E2 INSR LTR	XCLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBF	ষ		EDUCED BY POLICY EFF (MM/DD/YYYY)	POLICY EXP					
LTR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000		
A				CPN1752648		05/01/2015	05/01/2016	EACH OCCURRENCE	\$	100,000		
^	COMMERCIAL GENERAL LIABILITY			CF N1752040		05/01/2015	03/01/2010	PREMISES (Ea occurrence)	\$	15,000		
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000		
								GENERAL AGGREGATE	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	-	2,000,000		
								Emp Ben	\$	1,000,000		
								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
A	X ANY AUTO		CPN1752648		05/01/2015	05/01/2016	BODILY INJURY (Per person)		,			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	9,000,000		
A	EXCESS LIAB CLAIMS-MADE			CUN1752650		05/01/2015	05/01/2016	AGGREGATE	\$	9,000,000		
	DED X RETENTION \$ 10,000								\$			
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X WC STATU- TORY LIMITS ER				
В	OFFICER/MEMBER EXCLUDED?	NIA		WC10000366500		05/01/2015	05/01/2016	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE		1,000,000		
	DÉSCRIPTION OF OPERATIONS below			CDN4752649		05/04/2045	05/01/2016	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
A	Property Section			CPN1752648		05/01/2015	05/01/2016			1,500,000		
								Ded.		500		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL			ACORD 404 Additional Remarks C	المارية ماريا		no autino all					
	CRIFTION OF OF ERATIONS / EOCATIONS / VEHICL		Allacii	ACOND TOT, Additional Remarks 5	scriedule, i	n more space is	requireaj					
CERTIFICATE HOLDER CANCELLATION												
	Capitol City Property							EREOF, NOTICE WILL Y PROVISIONS.	DE DE	LIVERED IN		
	Management											
	401 Robert Street North St. Paul, MN 55102				AUTHOR		NTATIVE					
	St. 1 aut, MN 55102				yo	n Hann	n					

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										A	RCHE-4	OP ID: MM		
ACORD [®] CERTIFICATE OF LI							RII	ITY IN	ISURA	NCE		DATE (MM/DD/YYYY)		
_	<u> </u>											08/14/2015		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. T CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC														
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	DUCE		ned of Such endors	Sonne	111(3)	Phone: 651-552-2424	CONTAG	^{c⊤} Mary Mr	oszak					
		Insurance - SS	SP			Fax: 651-450-5158	PHONE	51-450-5158						
633		cord St South					58 PHONE (A/C, No, Ext): 651-552-2453 FAX E-MAIL ADDRESS: mjmroszak@bremer.com							
		t. Paul, MN 550 Ianson	075				ADDITE		-			NAIC #		
	2.1	lanson					INSURE	RA: West B	.,			15350		
INSL	IRED	Archety	pe Signmakers, I	nc			INSURE	_{кв:} Dakota	Truck Und	erwriters		34924		
			pe Installation, L rard Avenue S	LC			INSURE	RC:						
			ngton, MN 55431				INSURE	RD:						
			-				INSURE	RE:						
							INSURE	RF:						
		AGES				ENUMBER: RANCE LISTED BELOW HAY				REVISION NUM				
						NT, TERM OR CONDITION								
C	ERT	FICATE MAY B	E ISSUED OR MAY	PERT	FAIN, 1	THE INSURANCE AFFORD	ED BY T	THE POLICIE	S DESCRIBEI) HEREIN IS SUE				
INSR LTR				ADDL	SUBR		DEEN F	POLICY EFF	POLICY EXP		1 11 17 20			
LTR		TYPE OF I	INSUKANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS E \$	1,000,000		
A	X	COMMERCIAL GE				CPN1752648		05/01/2015	05/01/2016	EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu		100,000		
<u>^</u>		CLAIMS-MAE				01 1111 02040		00/01/2010	00,01,2010	MED EXP (Any one p		15,000		
			DE N OCCOR							PERSONAL & ADV II		1,000,000		
										GENERAL AGGREG		2,000,000		
	GEI	J N'L AGGREGATE LI	MIT APPLIES PER:							PRODUCTS - COMP		2,000,000		
										Emp Ben	\$	1,000,000		
	ΑU									COMBINED SINGLE (Ea accident)	LIMIT \$	1,000,000		
Α	Х	ANY AUTO				CPN1752648		05/01/2015	05/01/2016	BODILY INJURY (Pe	rperson) \$			
		ALL OWNED AUTOS	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Pe				
	Х	HIRED AUTOS	X NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	E \$			
				<u> </u>									\$	
	X	UMBRELLA LIAB	X OCCUR							EACH OCCURRENC	E \$	9,000,000		
A	<u> </u>	EXCESS LIAB	CLAIMS-MADE	1		CUN1752650		05/01/2015	05/01/2016	AGGREGATE	\$	9,000,000		
	wo	DED X RETENTION \$ 10,000								↓ ↓ WCSTATU-↓	0TH-			
в	AND	AND EMPLOYERS' LIABILITY				WC10000366500	05/01/2015	05/01/2016	X WC STATU- TORY LIMITS	ER	1,000,000			
	OFF	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				WC10000500500	05/01/2015	05/01/2010	E.L. EACH ACCIDEN		1,000,000			
	If ye	s, describe under SCRIPTION OF OPE	DATIONO halau							E.L. DISEASE - EAE		1,000,000		
A		perty Section	RATIONS DEIDW			CPN1752648		05/01/2015	05/01/2016			1,500,000		
		,								Ded.		500		
DES	CRIPT	ION OF OPERATIO	NS / LOCATIONS / VEHIC	ES (/	Attach	⊢ ACORD 101, Additional Remarks S	Schedule,	if more space is	required)	1				
CE	RTIF	ICATE HOLD	ER				CANC	ELLATION						
										ESCRIBED POLICI		CELLED BEFORE DELIVERED IN		
			Building LLC							Y PROVISIONS.				
			treet East , MN 55102											
		St. Faul,	, MIN 00102				ñ		NTATIVE					
							He he	n Hann	n					
							V		0040 1000		<u></u>			
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										I	ARCHE-4		OP ID: MM
ACORD CERTIFICATE OF LI							RII	ITY IN	SURA	NCE			(MM/DD/YYYY)
	<u> </u>												14/2015
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	DUCE		ned of Such endors	Sonne	111(3)	Phone: 651-552-2424	CONTAG	^{c⊤} Mary Mr	oszak				
		Insurance - SS	SP			Fax: 651-450-5158	PHONE	50-5158					
	Cor	cord St South					58 PHONE (A/C, No, Ext): 651-552-2453 FAX HAAL ADDRESS: mjmroszak@bremer.com						
		t. Paul, MN 550 Ianson	075										NAIC #
		lanson					INSURE	RA: West B	.,				15350
INSU	IRED	Archety	pe Signmakers, I	nc			INSURE	_{кв:} Dakota	Truck Und	erwriters			34924
			pe Installation, L rard Avenue S	LC			INSURE	RC:					
			ngton, MN 55431				INSURE	RD:					
			-				INSURE	RE:					
							INSURE	RF:					
		AGES				ENUMBER:				REVISION NU			
						RANCE LISTED BELOW HAY NT, TERM OR CONDITION							
С	ERT	FICATE MAY B	E ISSUED OR MAY	PERT	FAIN, 1	THE INSURANCE AFFORD	ED BY T	THE POLICIE	S DESCRIBEI	d herein is si			
					CIES. SUBR	LIMITS SHOWN MAY HAVE	BEENF	POLICY EFF	POLICY EXP				
INSR LTR		TYPE OF I	NSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000
A	X	1				CPN1752648		05/01/2015	05/01/2016	EACH OCCURREN DAMAGE TO REN PREMISES (Ea oc		\$	100,000
	^	COMMERCIAL GE				CFN1752040		03/01/2013	05/01/2010			\$ \$	15,000
		CLAIMS-MAE	JE N OCCUR							MED EXP (Any on PERSONAL & ADV		\$ \$	1,000,000
		·								GENERAL AGGRE		» \$	2,000,000
	GEI	J N'L AGGREGATE LI	MIT APPLIES PER							PRODUCTS - CON		\$	2,000,000
		POLICY X								Emp Ben		\$	1,000,000
	ΑU	OMOBILE LIABILIT								COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000
Α	Х	ANY AUTO				CPN1752648		05/01/2015	05/01/2016	BODILY INJURY (F		\$	
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (F	· · · · · · · · · · · · · · · · · · ·	\$	
	Х	HIRED AUTOS	AUTOS NON-OWNED AUTOS							PROPERTY DAMA (Per accident)	GE	\$	
											\$		
	X	UMBRELLA LIAB	X OCCUR							EACH OCCURREN	ICE	\$	9,000,000
A		EXCESS LIAB	CLAIMS-MADE	1		CUN1752650		05/01/2015	05/01/2016	AGGREGATE		\$	9,000,000
	wo	DED X RETENTION \$ 10,000								WOSTATU		\$	
	ANI	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				WC40000266500	05 (04 (204 5	05/01/2016	X WC STATU- TORY LIMITS			1 000 000	
в	OFF				WC10000366500			05/01/2015	03/01/2010	E.L. EACH ACCIDI		\$	1,000,000
	If ye	ndatory in NH) es, describe under								E.L. DISEASE - EA		\$ \$	1,000,000
A	-	SCRIPTION OF OPE	RATIONS below		-	CPN1752648		05/01/2015	05/01/2016	E.L. DISEASE - PO		\$	1,500,000
								00/01/2010	00/01/2010	Ded.			500
DES	CRIPT	ION OF OPERATIO	NS / LOCATIONS / VEHICI	ES (/	Attach	⊥ ACORD 101, Additional Remarks \$	Schedule,	if more space is	required)	1			
				- 4		,							
CE	RTI	ICATE HOLD	ER				CANC	ELLATION					
										ESCRIBED POLI			
			c Center, LLC							EREOF, NOTICI Y PROVISIONS.			LIVERED IN
			treet East										
		St. Paul,	, MN 55102						NTATIVE				
							Jo	n Hann	m				
							()	• •					
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							ARCHE-4		OP ID: MM		
Ą		TIFIC	ATE OF LIA	BILIT	'Y IN	SURA		-			
T	HIS CERTIFICATE IS ISSUED AS A N								16/2015 DER. THIS		
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC											
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th	e terms and conditions of the policy,	certain p	oolicies may require an er	ndorsemen	nt. A stat	ement on th	is certificate does not c	onfer ri	ghts to the		
	ertificate holder in lieu of such endors DUCER	ement(s)			Mary Mr						
Brei	ner Insurance - SSP		Phone: 651-552-2424 Fax: 651-450-5158	NAME: NAME:	50-5158						
	e 225 Concord St South - Box 188		Tax. 001-400-0100	8 PHONE (A/C, No, Ext): 651-552-2453 FAX (A/C, No): 651-450-5158 E-MAIL ADDRESS: mjmroszak@bremer.com							
	th St. Paul, MN 55075 D. Hanson			ADDRESS.	-				NAIC #		
•••				INSURER A :	West Be	end Mutual			15350		
INSU	,			INSURER B :	Dakota	Truck Und	erwriters		34924		
	Archetype Installation, LL Signs of Llfe, Inc.			INSURER C :	:						
	9635 Girard Avenue S			INSURER D :							
	Bloomington, MN 55431										
co	VERAGES CER	TIFICATE	E NUMBER:	INSURER F :			REVISION NUMBER:				
TI	HIS IS TO CERTIFY THAT THE POLICIES	OF INSU	RANCE LISTED BELOW HAV			THE INSURE	D NAMED ABOVE FOR TH				
С	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F	PERTAIN,	THE INSURANCE AFFORD	ED BY THE	E POLICIES	S DESCRIBED					
E	XCLUSIONS AND CONDITIONS OF SUCH F	POLICIES.	LIMITS SHOWN MAY HAVE	BEEN REDU	UCED BY I	PAID CLAIMS.			r		
INSR LTR		INSR WVD		(MM)	LICY EFF I/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		4 000 000		
A		x	CPN1752648	05/	(01/2015	05/01/2016	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 100,000		
	X COMMERCIAL GENERAL LIABILITY	^	CFN1752040	0.5/	,01,2013	03/01/2010	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	15,000		
							PERSONAL & ADV INJURY	\$	1,000,000		
							GENERAL AGGREGATE	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000		
	POLICY X PRO- JECT LOC						Emp Ben COMBINED SINGLE LIMIT	\$	1,000,000		
١.			0.5.11.7.500.40			0.5/04/0040	(Ea accident)	\$	1,000,000		
A	X ANY AUTO ALL OWNED SCHEDULED		CPN1752648	05/	05/01/2015	05/01/2016	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$			
	AUTOS AUTOS X HIRED AUTOS X AUTOS						PROPERTY DAMAGE	\$			
							(Per accident)	\$			
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	9,000,000		
Α	EXCESS LIAB CLAIMS-MADE		CUN1752650	05/	/01/2015	05/01/2016	AGGREGATE	\$	9,000,000		
	DED X RETENTION \$ 10,000						\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			05 (04 (2045		05/04/2040	X WC STATU- TORY LIMITS OTH- ER		4 000 000		
В		N / A	WC10000366500	05/01/2015	/01/2015	05/01/2016	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$		1,000,000		
A	Property Section		CPN1752648	05/	/01/2015	05/01/2016		v	1,500,000		
							Ded.		500		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL n Square Realty, LLC, Sent:	-			-		17				
Man	agement Corp., Regatta Real	lty Coi	rp. V, their agent				Ŷ				
suc	cessors, all as their inter	rest ma	ay appear								
CE	RTIFICATE HOLDER			CANCELI	LATION						
				SHOULD	ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE C		ED BEFORE		
	Town Square Realty, LLC			THE EX	PIRATION	DATE THE	REOF, NOTICE WILL E				
1	445 Minnesota Street			ACCORD	JANCE WI		Y PROVISIONS.				
1	St. Paul, MN 55102			AUTHORIZED	D REPRESE	NTATIVE					
				Jon Stannen							
				0 '	, '						
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