

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/15/2019

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.

lf	WPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject his certificate does not confer rights	to the	terms	s and conditions of the po	licy, ce	rtain policies		•				
PRO	DUCER	CONTACT April Winters										
Billmark's Lakes Area Insurance, Inc. 913 Broadway						PHONE (320) 763-9022 FAX (A/C, No): (320) 763-354						
0.0 2.000						ADDRESS:						
Alexandria MN 56308						INSURER A: Grinnell Mutual Reinsurance Company					NAIC # 14117	
INSURED						INSURER B:						
Pour Perfect, LLC						INSURER C :						
PO Box 524					INSURER D :							
1.0 200.021					INSURER E :							
Hopkins			MN 55343			INSURER F :						
<u> </u>			CATE	NUMBER: CL194150292								
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		INSE	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		Φ ′	00,000	
	CLAIMS-MADE X OCCUR						06/04/2020			_{\$} 100,		
_		_						MED EXP (Any one p				
Α		_		0000783350		06/04/2019		PERSONAL & ADV II	DV INJURT \$.		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	REGAIL 5		0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP		φ .	00,000	
	OTHER:							COMBINED SINGLE		\$		
A	AUTOMOBILE LIABILITY							(Ea accident)		\$ 1,00	0,000	
	ANY AUTO OWNED SCHEDULED			0000040000		00/04/0040	00/04/0000	BODILY INJURY (Pe		\$		
	AUTOS ONLY HIRED AUTOS NON-OWNED			0000913626	06/04	06/04/2019	06/04/2020	BODILY INJURY (Pe	-	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	➤ UMBRELLA LIAB ➤ OCCUP		+				+			\$ 1.00	0,000	
	EVOTOG LIAB			0000783350		07/26/2019	06/04/2020	EACH OCCURRENC		φ .	0,000	
	CLAIMS-IMA	DE		0000703330		07/20/2019	00/04/2020	AGGREGATE		\$		
	DED RETENTION \$ 10,000							➤ PER STATUTE	OTH- ER	\$		
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					06/04/2019	06/04/2020			_{\$} 500,	000	
			١	0000798385				E.L. EACH ACCIDEN		\$ 500,		
								E.L. DISEASE - EA E		\$ 500,		
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POL	ICY LIMIT	\$/		
											_	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
			0									
CERTIFICATE HOLDER						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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