

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/25/2020

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 liqu of such endorsement(s)

	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to			-	endor	sement(s).	may require	an endorsemer	ıt. A Statei	ment o	on	
PRODUCER						CONTACT Bryan Keister  NAME:						
Keister and Keister Agency						PHONE (A/C, No, Ext): (651) 430-1666 FAX (A/C, No): (651) 430-1908						
6750 Stillwater Blvd. N.						E-MAIL ADDRESS: bkeister@keisterandkeister.com						
P. O. Box 469						INSURER(S) AFFORDING COVERAGE						
Stillwater MN 55082						INSURER A: Acuity Insurance Co.						
INSURED						INSURER B:						
Shine Window Cleaning Company LLC						INSURER C:						
786 Eagle Ridge Trl						INSURER D:						
					INSURER E :							
Stillwater MN 55082						INSURER F:						
CO	VERAGES CER	NUMBER: CL209250534	9 REVISION NUMBER:									
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	REME VIN, TI LICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	DOCUMENT VECTOR DESCRIPTION OF THE PROPERTY OF	WITH RESPECT TO	WHICH TH			
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY					,	09/26/2021	EACH OCCURRENCE \$ 1,00  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,			0,000	
Α	CLAIMS-MADE X OCCUR					09/26/2020					000	
								MED EXP (Any one person) \$ 5,00			0	
		Υ		ZB2236				PERSONAL & ADV INJURY \$ 1,00		0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	REGATE \$ 2,000		0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	2,00	0,000	
	OTHER:							\$				
	AUTOMOBILE LIABILITY							(Ea accident)	MBINED SINGLE LIMIT \$ 1,000 accident)			
Α	ANY AUTO							BODILY INJURY (Per person) \$				
	OWNED AUTOS ONLY SCHEDULED AUTOS			ZB2236		09/26/2020	09/26/2021	BODILY INJURY (Per accident) \$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$				
	<b>⋉</b> 19							' '		0,000		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$ AGGREGATE \$		\$		
	EXCESS LIAB CLAIMS-MADE											
	DED RETENTION \$							I DED I	T OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$		\$		
(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$		\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT S	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01 Additional Remarks Schedule	may he a	ttached if more sn	ace is required)					
DE3	ON OF OF ENAMONS / LOCATIONS / VEHICLE	.5 (AC	ו שאט.	o, Additional Remarks Schedule,	ay be a	онеч и шоге Sp	ave is required)					
CEI	RTIFICATE HOLDER	CANCELLATION										
OEIGH IOAIE HOEDER						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										
		RIA										