

Client#: 6469

ADVATERI

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/08/2014

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).

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|---|---|--|
| PRODUCER MN-COMMERCIAL LINES COBB STRECKER DUNPHY & ZIMMERMANN 150 S FIFTH ST STE 2800 MINNEAPOLIS, MN 55402 | CONTACT NAME: PHONE (A/C, No, Ext): 612 349-2400 FAX (A/C, No): 612 349 2490 | |
| | E-MAIL ADDRESS: | |
| INSURED ADVANCE TERRAZZO & TILE INC PO BOX 48537 COON RAPIDS, MN 55448 | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : CHARTER OAK FIRE | |
| | INSURER B : TRAVELERS PROPERTY CASUALTY CO/ | |
| | INSURER C : THE STANDARD FIRE INSURANCE COM | |
| | INSURER D : | |
| | INSURER E : | |
| INSURER F : | | |


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|--------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | 4TCO6327P355COF13 | 02/28/2013 | 02/28/2014 | EACH OCCURRENCE \$1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$5,000 |
| | <input checked="" type="checkbox"/> CONTRACTUAL LIAB PER | | | | | PERSONAL & ADV INJURY \$1,000,000 |
| | <input checked="" type="checkbox"/> POLICY FORM AND XCU | | | | | GENERAL AGGREGATE \$2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS - COM/OP AGG \$1,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | \$ |
| B | AUTOMOBILE LIABILITY | | BA6327P355CNS13 | 02/28/2013 | 02/28/2014 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | 4TSMCUP6327P355TIL | 02/28/2013 | 02/28/2014 | EACH OCCURRENCE \$4,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$4,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$10,000 | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | 4TFUB6327P35513 | 02/28/2013 | 02/28/2014 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | E.L. EACH ACCIDENT \$500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$500,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
UNITED SOUTH CENTRAL SCHOOLS NEW K-12 SCHOOL, 600 11TH ST SW, WELLS, MN 56097 KA PROJECT #70001

(See Attached Descriptions)

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|---|---|
| CERTIFICATE HOLDER UNITED SOUTH CENTRAL PUBLIC SCHOOLS ISD #2134 250 2ND AVE SW WELLS, MN 56097 | 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  |