

*State of Minnesota*

Board of Behavioral Health and Therapy  
335 Randolph Ave #290, St. Paul, MN 55102  
**HAS ISSUED**

**Licensed Professional Clinical Counselor**

License Number: cc00225

To: Angela Lee Baratto, MA, LPCC

Effective Date  
12/1/24

Expiration Date  
11/30/25

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/20/2024

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 lieu of such endorsement(s).

<b>PRODUCER</b> NPIA, INC. - NONPROFITS' INSURANCE AGENCY 21034 HERON WAY STE 107 LAKEVILLE, MN 55044-8093	<b>CONTACT NAME</b> MIKE STEVENS <b>PHONE (A.C. No. Ext.)</b> (952) 469-5963 <b>E-MAIL ADDRESS</b> MSTEVEN@NPIAINC.COM <b>FAX (A.C. No.)</b> 952-469-4553
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Nonprofit Insurance Trust INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Northland Counseling Center, Inc. 215 SE 2nd Ave. Grand Rapids, MN 55744	<b>NAIC #</b>

### 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			PL0013-24	08/01/2024	08/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP. OP AGG \$3,000,000 TENANT PROPERTY DAMAGE \$10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PL0013-24	08/01/2024	08/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			PL0013-24	08/01/2024	08/01/2025	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC0013-24	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	FIDELITY/EMPLOYEE DISHONESTY			PL0013-24	08/01/2024	08/01/2025	\$500,000
A	PROFESSIONAL LIABILITY			PL0013-24	08/01/2024	08/01/2025	\$1,000,000 per occurrence/\$3,000,000 aggregate
A	CYBER LIABILITY						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

Northland Counseling Center, Inc.  
215 SE 2nd Ave  
Grand Rapids, MN 55744-3615

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

# N O R T H L A N D

COUNSELING • RECOVERY • WELLNESS

ALBERS, JESSICA	MSW, LICSW
ALSTAD (JEROME) JENNIFER	MS, Ed, LMFT
BARATTO, ANGELA	MA.,LPCC
BERG, ALI	(under supervision)
BERGAN, DESSA	LICSW
CHRISTIAN, ANGELA	RN, PMHNP-BC
COMSTOCK, GRACE	(under supervision)
DAY, JOSH	MS (under supervision)
FOX, LISA	MS, LPCC
GRADINE, TAMMY	MA, LPCC
HUMBLE, KERRIE	MSW, LICSW
HYNES, ASHLEY	Temp LGSW (under supervision)
JARVIS, JASON	MS (under supervision)
JOHNSON, JEANIE	MSW, LICSW
KAPLER, DEMI	(under supervision)
KAYOUM, KATELYN	(under supervision)
KEECH, AMANDA	MS (under supervision)
KEFALAS, THOMAS	MD
KRASAWAY, DANIELLE	MS, LPCC
KRAUSE, APRIL	MSW, LICSW
LOPEZ, ALYSON	MA, LPCC
MADL, AMIE	MA, LMFT, RPT-S
MANN, ANNA	MS, LPCC
MAXWELL, LAURA	LICSW
MEYERS, ALLISON	PsyD., LP
NELSON, BRADLEY	MA, LP
PEREIRA, ANA	MA, LMFT
RISTAU, JILLIAN	MS, LPCC
RODRIGUEZ, SARA	MS (under supervision)
SCHAFFER, AMY	MA, LP
SKINNER, MIRANDA	LPCC
STOLTZ, JESSICA	LGSW (under supervision)
SUNDQUIST-CASTLE, SARA	LADC, LPCC
SYME, ALYSA	(under supervision)
TOONSTRA, EVAN	LICSW
TROUMBLY, MELANIE	APRN, CNP, PMHNP-BC
WALLAKER, BREA	MS, LICSW
WHITE, JOHN	MA, LMFT
WORRATH, BRANDI	MS, LPCC

215 Southeast Second Avenue • Grand Rapids, MN 55744

Phone: 218-326-1274 • Fax: 218-326-9787

An Equal Opportunity Employer