ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A								E HOL	
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).									
PRODUCER		Gert	meate notaer in neu of St	CONTA	CT Kristen Mo	<u>/·</u> odean			
Reliable Agency, Inc				PHONE	o, Ext): 218-65	5-3375	FAX (A/C, No):	218-65	5-3375
5094 Miller Trunk Hwy Ste 500 Hermantown MN 55811						reliablemn.co		210-00	0-0010
				ADDRE					NAIC #
				INSURER(S) AFFORDING COVERAGE					21415
INSURED			NOSAUTO-01		кв:Lloyds o		j		
NOS Automation LLC 21419 River Rd	NOS Automation LLC				R C :				
Grand Rapids MN 55744				INSURE	RD:				
				INSURE	RE:				
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			NUMBER: 666138704				REVISION NUMBER:		
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INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY			6D34300		6/8/2021	6/8/2022	EACH OCCURRENCE	\$ 1,000	,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	00
							MED EXP (Any one person)	\$ 5,000	1
							PERSONAL & ADV INJURY	\$1,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$	
							(Ea accident) BODILY INJURY (Per person)	\$ \$	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	N/A						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
B Professional Liability			WG00005332AA		6/8/2021	6/8/2022	Each Claim Aggregate	1,000 1,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
				CANC					
CERTIFICATE HOLDER					ELLATION				
Grand Rapids Public Utilities Commission 500 SE 4th St Grand Rapids MN 55744				ON AUTHORIZED REPRESENTATIVE					
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THIS EXERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE EXERTIFICATE DES NOT AFFINATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE EXERTIFICATE OF NOULCENE AND THE CERTIFICATE HOLDER. THE DEVICE OF NOULCENE AND THE CERTIFICATE HOLDER. THE DEVICE OF NOULCENE AND THE DEVICE OF NOULCENE AFFORMATION CONTRACE DEVICE OF NOULCENE AFFORMATION CONTRACE OF NOULCENE AFFORMATION CONTRACE INSURES OPENING STREET CERTIFICATE NUMBER: CERTIFICATE AND THE DEVICE OF NEULANCE OF NEULANCE AFFORMATION CONTRACE INSURES NEW PRICE OFFICE OF NEULANCE OF NEULANCE OF NEULANCE AFFORMATION ON AND THE DEVICE OF NEULANCE AFFORMATION AND THE DEVICE OF NEULANCE AFFORMATION ON AND THE DEVICE OF NEULANCE AFFORMATION AND THE DEVICE ON AND THE DEVICE OF NEULANCE AFFORMATION ON AND THE DEV	ACORD [®] CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 01/07/2022	
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