

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/15/2021

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.

If SUBF	TANT: If the certificate holder is a ROGATION IS WAIVED, subject to	the t	erms	and conditions of the po	licy, cei	rtain policies	DITIONAL IN may require	SURED provision an endorsemen	ons or be t. A state	endors ment o	ed. n	
this certificate does not confer rights to the certificate holder in lieu of such						contact Jeanne Danmeier						
PRODUCER					NAME: Scaling Barmings						03 1810	
H. Robert Anderson and Associates, Inc.						(A/C, No, Ext): (932) 693-1933 (A/C, No): (932) 683					33-1019	
Γ						E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
Suite 220						INSURER(S) AFFORDING COVERAGE						
Bloomington MN 55437						INSURER A: XL Specialty Insurance Co.					37885	
INSURED						INSURER B:						
Widseth Smith Nolting & Associates Inc.						INSURER C:						
216 South Main Street						INSURER D:						
P. O. Box 458					INSURER E :							
Crookston MN 56716					INSURER F:							
			ATE N	NUMBER: 2021-2022 1	REVISION NUMBER:							
THIS IS INDICAT CERTIF	TO CERTIFY THAT THE POLICIES OF II TED. NOTWITHSTANDING ANY REQUIF ICATE MAY BE ISSUED OR MAY PERTA SIONS AND CONDITIONS OF SUCH PO	NSUR REMEI VIN, TH	ANCE NT, TE HE INS S. LIMI	LISTED BELOW HAVE BEEN RM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT V D HEREIN IS SI _AIMS.	WITH RESPECT TO) WHICH TH	HIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY								\$	\$		
	CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)				\$			
					1 1 1			MED EXP (Any one person) \$				
H								PERSONAL & ADV II		\$		
	A CORPORATE LIMIT APPLIES DED:						GENERAL AGGREG	\$				
	LAGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP		\$		
	POLICY JECT LOC							T KODOCTS - COMP	,or Add	\$		
	OTHER:							COMBINED SINGLE	LIMIT	\$		
-	TOMOBILE LIABILITY							(Ea accident) BODILY INJURY (Per				
	ANYAUTO OWNED SCHEDULED									\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per PROPERTY DAMAGE)				
	HIRED NON-OWNED AUTOS ONLY					-		(Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	(ERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY F	PROPRIETOR/PARTNER/EXECUTIVE	N. CA						E.L. EACH ACCIDEN	IT.	\$		
OFFIC	CER/MEMBER EXCLUDED?						E.L. DISEASE - EA E	MPLOYEE	E \$			
If yes,	describe under RIPTION OF OPERATIONS below	under						E.L. DISEASE - POLICY LIMIT \$		\$		
								Each Claim/		\$3,0	00,000	
A Prof	essional Liability			DPR9954689		01/22/2021	01/22/2022	Each Policy Year	0	\$3,0	00,000	
								Aggregate				
DESCRIPTION	ON OF OPERATIONS / LOCATIONS / VEHICLE	I ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	I ttached if more s	pace is required)	Libbot				
This certif	icate or memorandum of insurance do	es no	t affirn	natively or negatively amend	, extend,	, or alter the co	verage afforde	d by the insurance	e policy.			
0.000	DATE HOLDED				CANO	ELLATION						
CERTIFIC	CATE HOLDER				LANC	ELLATION						
Grand Rapids Public Utilities 500 SE Fourth Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		AUTHO	AUTHORIZED REPRESENTATIVE									
	Grand Rapids			MN 55744	5	There	on M	1. and	lus	see	R	
					and the second second second		© 1988-2015	ACORD CORPO	RATION.	All rig	hts reserved	