

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2021

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.

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 cor	nfer rights to the certificate holder	in lieu of such	n endorsement(s).	
PRODUCER			CONTACT Bridget Whipps CISR	
Brown & Brown of Minnesota			PHONE (A/C, No, Ext): (507) 344-4501 FAX (A/C, No): (866)	800-6596
530 W Pleasant St, Suite 100			E-MAIL address: bwhipps@bbmankato.com	
			INSURER(S) AFFORDING COVERAGE	NAIC#
Mankato	MN	56001	INSURER A: EMCASCO Insurance Company	21407
INSURED			INSURER B: Employers Mutual Casualty Company	21415
Bernard J Mulcah	y Co, Inc		INSURER C: Union Insurance Company of Providence	21423
2700 Blue Water	Rd Ste 100		INSURER D :	
			INSURER E :	
Eagan	MN	55121	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	20/21 Term	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	SR FR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	×	Auto Al Status						MED EXP (Any one person)	\$ 10,000
					4D84884-21	12/03/2020	12/03/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS			4E84884-21	12/03/2020	12/03/2021	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 8,000,000	
	×	EXCESS LIAB CLAIMS-MADE			4J84884-21	12/03/2020	12/03/2021	AGGREGATE	\$ 8,000,000
		DED RETENTION \$ 0							\$
С	-	KERS COMPENSATION						➤ PER OTH-ER	
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			4H84884-21	12/03/2020	12/03/2021	E.L. EACH ACCIDENT	\$ 500,000
	(Man			^				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICAT	E HOLDER		CANCELLATION		
	Grand Rapids Public Utilities Commission 500 SE 4th St		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
300 GE 411 Gt			AUTHORIZED REPRESENTATIVE		
	Grand Rapids	MN 55744	Bridget Uhpps		