

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2025

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)

| C   | ertificate holder in lieu of such endors          | seme  | ent(s) | ).                                  |   |                |  |       |   |
|---|---|-------|--------|-------------------------------------|---|----------------|--|-------|---|
| PRODUCER<br>Tupy Insurance Agency Inc. 2<br>111 E. Main St. P.O. Box 26 |   |       |        |                                     | CONTACT<br>NAME:                                      |                |  |       |   |
|   |   |       |        |                                     | PHONE FAX (A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS: |                |  |       |   |
| New Prague, MN 56071  |   |       |        |                                     |   |                |  |       |   |
| Tan   | ni Anderson Lic.#20054651                         |       |        |                                     | PRODUCER<br>CUSTOMER ID #: NP                         | CHA-1          |  |       |   |
|   |   |       |        |                                     | INSURER(S) AFFORDING COVERAGE                         |                |  |       | NAIC#                                   |
| INS   | RED New Prague Chamber of                         | Con   | ımeı   | rce                                 | INSURER A : Auto Owners Insurance Co.                 |                |  |       | 18988                                   |
| 101 East Main Street<br>New Prague, MN 56071                            |   |       |        |                                     | INSURER B: Westchester                                |                |  |       | 15377                                   |
|   |   |       |        |                                     | INSURER C : State Fund Mutual                         |                |  |       | 11347                                   |
|   |   |       |        | INSURER D: Minnesota Joint Und Assn |   |                |  | 1     |   |
|   |   |       |        |                                     | INSURER E :   |                |  |       | -                                       |
|   |   |       |        |                                     | INSURER F:  |                |  |       |   |
| CO  | VERAGES CER                                       | TIFIC | :ATF   | E NUMBER:                           | REVISION NUMBER:                                      |                |  |       |   |
|   | HIS IS TO CERTIFY THAT THE POLICIES               |       |        |                                     | VE BEEN ISSUED T                                      | O THE INSURI   | 1. 24.0.1000                                       | HE PO | DLICY PERIOD                            |
|   | IDICATED. NOTWITHSTANDING ANY RE                  |       |        |                                     |   |                |  |       |   |
|   | ERTIFICATE MAY BE ISSUED OR MAY I                 |       |        |                                     |   |                |  | J ALL | THE TERMS,                              |
| INSR<br>LTR   |   | ADDL  | SUBR   |                                     | POLICY EFF<br>(MM/DD/YYYY                             |                | LIMIT  | 'S    |   |
| LIK   | GENERAL LIABILITY                                 | INSR  | WVD    | POLICY NUMBER                       | (MM/DD/1111   | ) (MM/DD/1111) | EACH OCCURRENCE                                    | \$    | 1,000,00                                |
| Α   | X COMMERCIAL GENERAL LIABILITY                    | Х     |        | 08974636                            | 07/17/2025  | 07/17/2026     | DAMAGE TO RENTED                                   | \$    | 50,000                                  |
|   | CLAIMS-MADE OCCUR                                 | ^     |        |                                     |   |                | PREMISES (Ea occurrence)  MED EXP (Any one person) | \$    | 5,00                                    |
|   | CLAIIVIS-IVIADE CCCOR                             |       |        |                                     |   |                | PERSONAL & ADV INJURY                              | \$    | 1,000,000                               |
|   |   |       |        |                                     |   |                | GENERAL AGGREGATE                                  | \$    | 2,000,00                                |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:                |       |        |                                     |   |                | PRODUCTS - COMP/OP AGG                             | \$    | 2,000,000                               |
|   | POLICY JECT LOC                                   |       |        |                                     |   |                | FRODUCTS - COMPTOR AGG                             | \$    |   |
|   | AUTOMOBILE LIABILITY                              |       |        |                                     |   |                | COMBINED SINGLE LIMIT                              |       | 4 000 00                                |
|   | <b>├</b> ─┐                                       |       |        |                                     |   |                | (Ea accident)                                      | \$    | 1,000,00                                |
|   | ANY AUTO  |       |        |                                     |   |                | BODILY INJURY (Per person)                         | \$    |   |
|   | ALL OWNED AUTOS                                   |       |        |                                     |   |                | BODILY INJURY (Per accident)                       | \$    |   |
| ٨   | X HIRED AUTOS                                     |       |        | 08974636                            | 07/17/2025  | 07/17/2026     | PROPERTY DAMAGE<br>(PER ACCIDENT)                  | \$    |   |
| A   |   |       |        | 00374000                            | 0777772020  | 0171772020     | , (LECACODEIT)                                     | \$    |   |
| Α   | X NON-OWNED AUTOS                                 |       |        |                                     |   |                |  | \$    |   |
| A C   | X UMBRELLA LIAB X OCCUR                           |       |        |                                     | 07/17/2025  | 07/17/2026     | FACU COCUPRENCE                                    | \$    | 1,000,000                               |
|   | EVOSOO LAB  |       |        |                                     |   |                | EACH OCCURRENCE                                    |       | 1,000,000                               |
|   | CLAIIVIS-IVIADE                                   |       |        | 96-974-636-00                       |   |                | AGGREGATE  | \$    | 1,000,000                               |
|   | DEDUCTIBLE  |       |        |                                     |   |                |  | \$    | *************************************** |
|   | RETENTION \$<br>  WORKERS COMPENSATION            |       |        |                                     |   |                | WC STATU- OTH-<br>TORY LIMITS ER                   | \$    |   |
|   | AND EMPLOYERS' LIABILITY Y/N                      |       |        | 089285.801                          | 07/17/2025  | 07/17/2026     |  |       | 500,000                                 |
|   | OT TOUR OWNER DETT EXOCODED!                      | N/A   |        | 003203.001                          | 01/11/2023  | 01/11/2020     | E.L. EACH ACCIDENT                                 | \$    | 500,000                                 |
|   | (Mandatory in NH) If yes, describe under          |       |        |                                     |   |                | E.L. DISEASE - EA EMPLOYEE                         |       | 500,000                                 |
| D   | DÉSCRIPTION OF OPERATIONS below  Liquor Liability |       |        | L230225                             | 08/07/2025  | 08/07/2025     | E.L. DISEASE - POLICY LIMIT                        | \$    | 310,000                                 |
| 0   | Elquoi Elability                                  |       |        | LZOOLLO                             | 00/0//2020  | 00/01/2020     |  |       | 010,000                                 |
| nee   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL       | ES /4 | Hach   | ACORD 404 Additional Romanics C     | chadula if more cases !                               | e required)    |  |       |   |
| Citv  | of New Prague is named as Addi                    | tion  | al In: | sured for August 7, 20              | 25 for the  | o requireu)    |  |       |   |
| Czé   | ch Out New Prague event at Mem                    | oria  | Par    | K, New Pragūe, MN.                  |   |                |  |       |   |
|   |   |       |        |                                     |   |                |  |       |   |
|   |   |       |        |                                     | OANIOELI ATION  |                |  |       |   |

**CERTIFICATE HOLDER** 

CANCELLATION

City of New Prague 118 Central Avenue North New Prague, MN 56071 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

Tami Anderson Lic.#20054651

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