

Certificate of Liability Insurance

A certificate of insurance must be on file with the Land Department before any work is commenced. A certificate of insurance is a document issued by or on behalf of an insurance company to a third party who has not contracted with the insurer to purchase an insurance policy. The certificate must be signed by an authorized insurance representative as it verifies to the Certificate Holder what insurance policy and coverages are in place at the time the certificate is issued.

St. Louis County must be named as a certificate holder (The Certificate Holder is the agency requesting proof of a certain type of insurance.) on the general liability insurance (see Illustration 1).

The certificate should be sent to:

St. Louis County Land Department
320 W 2nd St RM 607
Duluth MN 55802
Fax – (218) 726-2600

Liability Limits

1. General Liability Insurance

- \$300,000 for claims for wrongful death and each claimant for other claims.
- \$1,000,000 each occurrence.
- No Less Than \$2,000,000 Aggregate coverage.
- Policy shall include at least premises, operations, completed operations, and contractual liability and environmental liability.

2. Business Automobile Liability Insurance

- \$300,000 for claims for wrongful death and each claimant for other claims.
- \$1,000,000 each occurrence.
- Must cover all vehicles on site, including owned, non-owned and hired vehicles.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID VG DATE (MM/DD/YYYY)
 JOHNS21 06/25/08

PRODUCER
 Northern Capital Insurance/GM
 Goddard & Mann Agency LLC
 11040 W. Bluemound Rd., #103
 Wauwatosa WI 53226
 Phone: 414-266-9991 Fax: 414-266-9995

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW



INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Indiana Lumbermens Mutual	
INSURER B: Bituminous Casualty Corp	
INSURER C: Bituminous Fire & Marine Ins C	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRG	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CLP3254635	07/01/08	07/01/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
B	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 <input checked="" type="checkbox"/> Comp Deduct \$1000 <input checked="" type="checkbox"/> Coll Deduct \$1000	CAP3522770	07/01/08	07/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	CUP2581333	07/01/08	07/01/09	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC3522771	07/01/08	07/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property Section	AMP12346025 09	07/01/08	07/01/09	
A	Equipment Section	AMP12346025 09	07/01/08	07/01/09	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
St. Louis County Land Department Government Services Building 320 W. 2nd Street, Room 607 Duluth MN 55802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Richard Smith

Illustration 1: Sample Certificate of Liability Insurance

Worker's Compensation

This information is required by law (Minn. Stat. § 176.182), and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. In addition, the County shall not enter into a contract for the doing of any public work before receiving acceptable evidence of compliance with workers' compensation insurance coverage requirements. Furthermore, if this information is not provided or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

CERTIFICATE OF COMPLIANCE WITH MINNESOTA WORKERS' COMPENSATION LAW Minn. Stat. § 176.182	
<p>This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. In addition, the County shall not enter into a contract for the doing of any public work before receiving acceptable evidence of compliance with workers' compensation insurance coverage requirements. Furthermore, if this information is not provided or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.</p>	
Insurance Company Name:	_____ (Not the insurance agency)
Policy No:	_____
Dates of Coverage:	_____
OR	
Applicant is not required to have workers' compensation liability coverage because: (check one)	
<input type="checkbox"/> Applicant has no employees;	
<input type="checkbox"/> Applicant is self-insured (include a copy of your permit to self-insure);	
<input type="checkbox"/> Applicant has no employees who are covered by workers' compensation;	
OR	
<input checked="" type="checkbox"/> Certificate of Insurance is attached.	
GRANTEE/CONTRACTOR:	
Printed Name:	_____
Signature:	_____
Date:	_____
Company/Business Name:	_____

Illustration 2: Sample Certificate of Compliance with Minnesota Worker's Compensation Law