

Legal Memo

Insurance Requirements for Timber and Aggregate Contractors

May 3rd, 2018

The minimum insurance requirements as stated in the 2012 policy below was reviewed and still in effect for timber and aggregate contractors doing business on state tax forfeited lands.



Saint Louis County

Land and Minerals Dept. • www.stlouiscountymn.gov • landdept@stlouiscountymn.gov

Bob L. Krepps
Land Commissioner

MEMO

TO: Timber Sale and Aggregate Contract Holders
FROM: Robert Krepps, Land Commissioner
DATE: October 4, 2012
RE: Tort Liability Insurance Requirements

On **September 25, 2012**, the St. Louis County Board adopted Resolution No. 12-515, reducing tort liability insurance requirements for timber sale and aggregate contractors in St. Louis County. The St. Louis County Land and Minerals will require the following insurance:

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.

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.

That this tort liability insurance requirement shall be the policy of the St. Louis County Board until such time as representatives of the Minnesota timber industry contractors are successful in receiving relief from the state legislature from the maximum tort liability insurance requirements established in Mihm. Stat. § 466.04. Thank you and if you have any questions please contact one of our offices at the numbers listed below.

Duluth Government Services Center
320 West 2nd Street, Ste 302
Duluth, MN 55802
(218) 726-2606
Fax: (218) 726-2600

Pike Lake Area Office
5713 Old Miller Trunk Hwy
Duluth, MN 55811
(218) 625-3700
Fax: (218) 625-3733

Virginia Area Office
7820 Highway 135
Virginia, MN 55792
(218) 742-9898
Fax: (218) 742-9870

"Trust Lands, Managed For The People Of This County"

EXAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2019

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 confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Company Name Address City, State Zip	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> CONTACT NAME: PHONE (A/C, No. Ext): (218) xxx-xxxx E-MAIL: INSURER(S) AFFORDING COVERAGE </div> <div style="width: 30%;"> FAX (A/C, No.): (218) xxx-xxxx NAIC # </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 65%;"> INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: </div> <div style="width: 30%;"></div> </div>
INSURED Your Company Name Address City, State Zip	

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		REVISION NUMBER:
A	COMMERCIAL GENERAL LIABILITY			CPP XXXXX	6/12/2019	6/12/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER								
A	AUTOMOBILE LIABILITY			CPP XXXXX	6/12/2019	6/12/2020	COMBINED SINGLE LIMIT (Ex accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000	
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE AGGREGATE	\$	
	DED RETENTION \$								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A	XXXXXXXXXX	6/12/2019	6/12/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 100,000 \$ 100,000 \$ 500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 This Certificate provides Evidence of Insurance.

RECEIVED

JUN 27 2019

CERTIFICATE HOLDER St. Louis County Land & Minerals Dept. Address City, State Zip	CANCELLATION LAND DEPT/VA <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AUTHORIZED REPRESENTATIVE </div>
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