

Producer
 Your Insurance Agency
 Your Insurance Agent
 Address
 City, State & Zip Code

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.

COMPANIES AFFORDING COVERAGE

Insured
 Your Name
 Your Address
 Your City, State & Zip Code

- Company A
- Company B
- Company C
- Company D

COVERAGES
 This is to certify that the policies of insurance listed below are in effect for 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 terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	DATE EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractor's Prot	Your policy #	5/1/2012	5/1/2013	General Aggregate	\$ 2,000,000
					Products - comp/op agg	\$ 1,500,000
					Personal & Adv Injury	\$ 1,500,000
					Each Occurrence	\$ 1,500,000
					Fire Damage (Any one fire)	\$ 100,000
					Med Exp (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos				Combined single limit	\$
					Bodily Injury (per person)	\$
					Bodily Injury (per accident)	\$
					Property Damage	\$
	GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto only - ea accident	\$
					Other than auto only:	
					each accident	\$
					aggregate	\$
	EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form				each occurrence	\$
					aggregate	\$
						\$
A	WORKERS COMPENSATION & EMPLOYERS' LIABILITY The proprietor/ partners/executive <input type="checkbox"/> incl officers are: <input type="checkbox"/> excl				WC STATUTORY LIMITS	
					EL each accident	\$
					EL disease - policy limit	\$
					EL disease - ea employee	\$
						\$
A	OTHER Commercial Application					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Ramsey County, its officials, agents, employees and volunteers are named as additional insureds with respect to operations/ activities of the Permittee, its contractors and subcontractors under the Use Permit including set up, take down and removal of all equipment.

CERTIFICATE HOLDER
 Ramsey County
 2015 N. Van Dyke St.
 Maplewood, MN 55109-3796

CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the certificate holder named to the left, such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized representative