

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2021

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.

Producer Name Street Address City, State Zip Address	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).												
Produce Name Street Address City, State Zip Maurer a. Insurer A Company							CONTACT						
SILENT AUDIESS LINUS STATE ZIP INSURER SA INSURER A Company INSURER SA INSURER A Company INSURER B COMPA													
NAURE NOW SURFERS AFFORMS COMPAGE NAURE NOW SURFERS AFFORMS COMPAGE NAURE NOW SURFERS COMPAGE NAURE NOW SURFERS COMPAGE COVERAGES CERTIFICATE NUMBER; ####################################	Str	eet Address				(A/C, No, Ext): (A/C, No):							
INSURED NAMES AS INSURED CONTROL OF THE INSURED NAMED ABOVE FOR THE FOLICY PERIOD NUMBER: STREET AND ASSESSED OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE FOLICY PERIOD NUMBER: THIS IST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE FOLICY PERIOD NUMBER: THIS IST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE FOLICY PERIOD NUMBER: THIS IST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE FOLICY PERIOD NUMBER: THE STREET OF THE POLICY PERIOD NAMED ABOVE FOR THE FOLICY PERIOD NUMBER: THE STREET OF THE POLICY PERIOD NAMED ABOVE FOR THE FOLICY PERIOD NAMED ABOVE FOR THE THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PE	City, State Zip												
NSURER D: NSURER													
Insured Name NameR 5: Naurer 5: Naurer 6: Naurer 7: Naurer 7: Naurer 8:						INSURER A: Insurer A Company					#####		
Street Address City, State Zip MSUBER 5 MSUBER 5 MSUBER 5 MSUBER 6 MSUBRE 6 MSUBER 6 MSUBRE 6						INSURER B:							
COVERAGES CERTIFICATE NUMBER: INSURER 9: IN						INSURER C:							
NSUBER E: NSUBER F: 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 PERIOD. NICIOLATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PORTAGE TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PORTAGE TO WHICH THIS CERTIFICATE MAY BE ISSUED TO ALL THE TERMS, SEXCUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. **COMMERCIAL GENERAL LIABILITY** A COMMERCIAL GENERAL LIABILITY** **COMMERCIAL GENERAL LIABILITY** **COMMERCIAL GENERAL LIABILITY** **AUTOCOMBET LIABILITY** **AUTOCOMBE						INSURER D:							
THIS IS TO CERTIFY THAT THE POLICES OF RESIDENCE MANY EDUCATION SINGRANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MED ADVOY FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING MAY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED FOR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY BEEN INSURED TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SULCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REFERENCE TO CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REFERENCE TO CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REFERENCE TO CONTRACT THE POLICY BY TH	Oit	y, Glate Zip				INSURER E:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AROY FOR THE POLICY PERIOD NICKATED. 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 POLICYS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES ILMIN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **REGISTRO FROM THE TERMS OF THE POLICY BY PAID CLAIMS.** **A COMMERCAL GENERAL LIBELITY** **A COMMERCAL GENERAL LIBELITY** **GENERAL AGGREGATE LIMIT APPLIES PER:** **POLICY BY AND CLAIMS.** **GENERAL AGGREGATE LIMIT APPLIES PER:** **POLICY BY AND CLAIMS.** **GENERAL AGGREGATE LIMIT APPLIES PER:** **POLICY BY AND CLAIMS.** **A ANY AUTO** **OWNED ONLY BY AND CLAIMS.** **A ANY AUTO** **A							INSURER F:						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUED BY ADDICAMS. I	CO	VERAGES CEF	RTIFIC	CATE	NUMBER: ##########				REVISION NUMBER:				
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ASSERTANCE MAY BE ADMINISTRATED TO THE POLICY FOR T													
EXCLUSIONS AND CONDITIONS OF SUCH POLICES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Policy Type of Insurance Policy Paid													
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CLAIMS-MADE COCUR													
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CLAIMS-MADE COCUR	INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT	s			
DAMAGE TO RENTED DAMAGE TO RENTED REPENSIS IS a DOCUMENTO S MED EXP (May one person) S PRODUCTS - COMMOD AGG S PRODUCTS - COMMOD AGG S PRODUCTS - COMMOD AGG S AUTOMOBILE LABILITY ANY AUTO OWNED AUTOS ONLY AUTOS				****					EACH OCCURRENCE	\$ 1.000	0.000		
MEDEAP (Any one person) S GENL AGGREGATE LIMIT APPLIES PER: POLICY		CLAIMS MADE X OCCUP					07/01/2021	07/01/2022	DAMAGE TO RENTED	* '	,		
PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ POLICY \$ECT LOC OTHER AUTOMOBILE LIMIT APPLIES PER: POLICY \$ECT LOC OTHER AUTOMOBILE LIMIT APPLIES PER: PRODUCTS - COMPOP AGG \$ COMBINED SINCLE LIMIT \$ BOOLLY INJURY (Per person) \$ BOOLLY INJURY (Per socident) \$ PROPERTY DAMAGE \$ PROPERTY DAMAGE \$ BOOLLY INJURY (Per socident) \$ BOOLLY INJURY (Per socident) \$ PROPERTY DAMAGE \$ BOOLLY INJURY (Per socident) \$ PROPERTY DAMAGE \$ BOOLLY INJURY (Per socident) \$ BOOLLY INJURY (Per socident) \$ BOOLLY INJURY (Per socident) \$ PROPERTY DAMAGE \$ BOOLLY INJURY (Per socident) \$ BOOLLY		CEANVIS-IVIADE COOK						`					
GENL AGGREGATE LIMIT APPLIES PER: POLICY PLOT LOC POLICY SET LOC SET LOC POLICY SET LOC SET L									` , , , ,				
PRODUCTS - COMPIOP AGG S OTHER: AUTOMOBILE LIABILITY ANY AUTO OWIGE OWIGE AUTOS ONLY BECCHERY ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY BECCHERY ONLY AUTOS ONLY AUTOS ONLY BECCHERY ONLY BECL EACH ACCIDENT S EL DISEASE - POLICY LIMIT BEL EACH ACCIDENT S EL DISEASE - POLICY LIMIT BEL EACH ACCIDENT S EL DISEASE - POLICY LIMIT BUTOS ONLY AUTOS ONLY AUTOS ONLY BECCHERY ONLY BEL EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE													
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per person) \$ BODILY INJURY (Per person													
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO ANY AUTO AUTOS ONLY AU									PRODUCTS - COMP/OP AGG				
ANY AUTO OWNED AUTOS ONLY AUTOS O		<u> </u>							COMBINED SINGLE LIMIT	-			
AUTOS ONLY									(Ea accident)				
AUTOS ONLY									` ' '				
AUTOS ONLY Before accident) S AGGREGATE S AGGREGATE S AGGREGATE S AGGREGATE S AGGREGATE S AGGREGATE S BEACH OCCURRENCE S BEACH OCCURENCE S BEACH OCCURRENCE S BEACH OCCURENCE S BEACH OCCURRENCE S BEACH OCCURRENCE S BEACH OCCURRENCE S BEACH OCCURENCE S BEACH OCCURENCE S BEACH OCCURRENCE S BEACH OCCURENCE S BEACH OCCURENCE S BEACH OCCURENCE S BEACH OCCURENCE S BEACH OCCURRENCE S BEACH OCCURENCE S BEACH OCCURRENCE S BEACH OCCURENCE S BEACH OCCURENCE		AUTOS ONLY AUTOS							, ,				
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE CLAIMS-MADE S		AUTOS ONLY AUTOS ONLY							(Per accident)				
EXCESS LIAB CLAMS-MADE Deb							*			\$			
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYER'S LIBILITY ANYPROPRIETOR PRATNER RESCUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION 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 AUTHORIZED REPRESENTATIVE		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR PARTINER/EXECUTIVE OFFICE REMAINING CONFIDER COLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION 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 AUTHORIZED REPRESENTATIVE		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
ANYPROPRIETOR PARTINEREX CULUDED? (Mind Markey In NH) (Mondate yn NH) (DED RETENTION\$								\$			
ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) It vies, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION 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 AUTHORIZED REPRESENTATIVE		AND EMPLOYEDS! LIABILITY							PER OTH- STATUTE ER				
Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION CANCELLATION 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	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION 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		If yes, describe under DESCRIPTION OF OPERATIONS below	\mathbb{N}_{2}						E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION 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													
Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION 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									Special Perils				
Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION 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													
Regents of the University of Minnesota are included as Additional Insured with respect to General Liability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION 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	DESCRIPTION OF OPERATIONS A OCATIONS (VEHICLES (ACORD 404 Additional Principles Caledalia and Additional Additio												
CERTIFICATE HOLDER CANCELLATION 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													
Regents of the University of Minnesota Real Estate Office 319 15th Avenue SE, Suite 451 Minneapolis MN 55455 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													
Regents of the University of Minnesota Real Estate Office 319 15th Avenue SE, Suite 451 Minneapolis MN 55455 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													
Regents of the University of Minnesota Real Estate Office 319 15th Avenue SE, Suite 451 Minneapolis MN 55455 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													
Regents of the University of Minnesota Real Estate Office 319 15th Avenue SE, Suite 451 Minneapolis MN 55455 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													
Regents of the University of Minnesota Real Estate Office 319 15th Avenue SE, Suite 451 Minneapolis MN 55455 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													
Regents of the University of Minnesota Real Estate Office 319 15th Avenue SE, Suite 451 Minneapolis MN 55455 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						0.111							
Regents of the University of Minnesota Real Estate Office 319 15th Avenue SE, Suite 451 Minneapolis MN 55455 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	CE	KTIFICATE HOLDER				CANC	JANGELLATION						
Minneapolis MN 55455 AUTHORIZED REPRESENTATIVE	Real Estate Office						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Representative Signature			U 1 3										
						Representative Garature							