

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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(les) 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).

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PRO	DUCE			_		00100000		CONTA NAME:	CT					
Insurance Company									PHONE					
Name & Address								E-MAIL.						
		rvairie c	۰ ۸	laarcoo				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
									INSURER A:					
INSURED								INSURER B:						
		Vendoi	r N	Jama 8				100 E010000000						
				vallie &				INSURER C:						
		Addres	S					INSURER D:						
l								INSURER E:						
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_	_	AGES			_		NUMBER:	nee			REVISION NUMBER:		IOU BEDIOD	
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INSR		TYPE OF INSU			ADDL SUBR INSD WYD POLICY NUMBER				(MM/DDYYYY)	(MM/DD/YYYY)	LIMIT	\$		
	X	CLAIMS-MADE	X	1	Ý	Υ				5	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,0 \$	00,000	
											MED EXP (Any one person)	\$		
	X										PERSONAL & ADV INJURY	\$ 1,0	00,000	
	GEN	VL AGGREGATE LIMIT	APP	LIES PER:							GENERAL AGGREGATE	2,0	00,000	
	***	POLICY X PRO-		LOC							PRODUCTS - COMP/OP AGG	2,0	00,000	
		OTHER:										\$		
	AUT	OMOBILE LIABILITY			Υ	Υ		7			COMBINED SINGLE LIMIT (Ea accident)	\$ 1.0	00,000	
	X	ANY AUTO			Ι'	'					BODILY INJURY (Per person)	\$,	
	Ĥ	ALL OWNED	S	CHEDULED							BODILY INJURY (Per accident)	s		
	\vdash	AUTOS	- A	UTOS ON-OWNED							PROPERTY DAMAGE	\$		
	X	HIRED AUTOS X	A	UTOS							(Per accident)	3		
\vdash	X	UMBRELLA LIAB	Х					-				-	00.000	
	^	EXCESS LIAB	_	-	Y	Y					EACH OCCURRENCE		00,000 00,000	
		T. I	_	CLAIMS-MADE							AGGREGATE		00,000	
\vdash	WOE	DED X RETENTI		\$	-			_		_	V PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N				Υ					X PER STATUTE OTH-		20.000		
	OFFICER MEMBER EXCLUDED?				N/A						E.L. EACH ACCIDENT		00,000	
					s, in	clude	name of Excluded				E.L. DISEASE - EA EMPLOYEE			
_	DES	CRIPTION OF OPERAT	ION!	S below Offic	er in	Des	cription.				E.L. DISEASE - POLICY LIMIT	1,00	00,000	
25000				CATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requi	red)			
P A R R	roje dditi .oers .oers	ct Name: Marisol ct Address: 1200 onal Insured: s General Contra s Companies LLC ort Charlotte Apa) Lo ictir C;	ng LLC;	, Por	t Cha	arlotte, FL							
	DTIF	ICATE HOLDER	8					CAN	ELL ATION					
		n.air muliiben												

CERTIFICATE HOLDER	CANCELLATION					
Roers General Contracting LLC Two Carlson Pkwy N, Suite 400 Plymouth, MN 55447	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Flymoun, MN 33447	AUTHORIZED REPRESENTATIVE					

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