

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/26/2008

PRODUCER (218)722-1481 FAX (218)722-6564  
 Young & Associates Agency Inc.  
 202 W. Superior St., Suite 400  
 Duluth, MN 55802-1955

INSURED Northern Reporting Service  
 204 SE 6th St  
 Suite 1  
 Minneapolis, MN 55414

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: National Specialty Insurance	
INSURER B: Allied Insurance	
INSURER C: Westfield Insurance Companies	24112
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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Professional Liab</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NS0068448004	07/24/2008	07/24/2009	EACH OCCURRENCE \$ <b>1,000,000</b>		
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>						
					MED EXP (Any one person) \$ <b>5,000</b>		
					PERSONAL & ADV INJURY \$ <b>1,000,000</b>		
					GENERAL AGGREGATE \$ <b>2,000,000</b>		
					PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>		
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ACP7141397502	09/23/2007	09/23/2008	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>		
					BODILY INJURY (Per person) \$		
					BODILY INJURY (Per accident) \$		
					PROPERTY DAMAGE (Per accident) \$		
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$		
					OTHER THAN EA ACC \$		
					AUTO ONLY: AGG \$		
A	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>	NU0068454104	07/24/2008	07/24/2009	EACH OCCURRENCE \$ <b>3,000,000</b>		
					AGGREGATE \$ <b>3,000,000</b>		
					\$		
					\$		
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCP5397419	06/28/2008	06/28/2009	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHR</td> </tr> </table> E.L. EACH ACCIDENT \$ <b>500,000</b>	WC STATUTORY LIMITS	OTHR
	WC STATUTORY LIMITS				OTHR		
					E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>		
	E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>						
	OTHER						

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

## CERTIFICATE HOLDER

## CANCELLATION

S A M P L E -----  
 S A M P L E -----  
 S A M P L E -----

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
**Rebecca Nelson**

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.