



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/27/2020

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 Array Financial Services, Inc 2500 Mendelssohn Ave. N. Golden Valley, MN 55427 License #: 8781	CONTACT NAME: Sheryl Frieman	FAX (A/C, No): (763)504-3011	
	PHONE (A/C, No, Ext): (763)504-3067	E-MAIL ADDRESS: sherylf@arrayinsurance.com	
INSURED Twin City Roofing Construction Specialists, Inc 72 Ivy Ave W Saint Paul, MN 55117	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Crum & Forster Specialty Insurance Company		
	INSURER B : Superior Point		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: 00008440-67657 REVISION NUMBER: 4

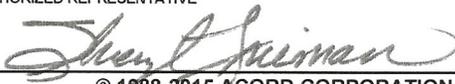
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BAK49341-1	04/07/2020	04/07/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					\$ \$ \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	84055.803	04/21/2020	04/21/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Name of Home Owner 123 Main Street Your City, MN 55117	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  (SAF)

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
443 Lafayette Road N
Saint Paul, MN 55155

Licensing and Certification Services
Phone: 651.284.5034
Email: DLI.License@state.mn.us
Website: www.dli.mn.gov/ccld.asp

NOTICES

NOT TRANSFERABLE

**CHANGE YOUR BUSINESS STRUCTURE
SUBMIT A NEW APPLICATION FOR NEW ENTITY**

**TWIN CITY ROOFING CONSTRUCTION SPECIALISTS INC
72 IVY AVE W
ST PAUL, MN 55117**

**RENEW OR REPLACE INSURANCE POLICY
SUBMIT NEW CERTIFICATE OF INSURANCE**

**NOTIFY THE DEPARTMENT OF A CHANGE IN YOUR BUSINESS.
Failure to do so, subjects you to administrative penalties of up to \$10,000.**

15-Day Notice Requirement – Forms available online at www.dli.mn.gov/CCLD/LicUpdate.asp

- Change in business' physical address, mailing address, phone number, or email address
- Change in control, owners, officers, directors, members, partners
- Change in business' legal name and/or assumed name
- Loss of or change in QUALIFYING BUILDER
- Change in general liability insurance or workers' compensation insurance coverage

Immediate Notice Requirement – Notification to DLI in writing

- Judgment Debtor. A licensed contractor has 15 days to provide written notice of the finding that it is found to be a judgment debtor based upon conduct requiring licensure.
- Bankruptcy Petition Filed. A licensed contractor has 15 days to provide written notice that it filed a petition for bankruptcy.
- Conviction Notice. A licensed contractor has 10 days to provide written notice that it has been found guilty of a felony, gross misdemeanor, misdemeanor or any comparable offense related to the license, including convictions of fraud, misrepresentation, misuse of funds, theft, criminal sexual conduct, assault, burglary, conversion of funds, or theft of proceeds in this or any other state or any other United States jurisdiction.

YOUR CERTIFICATE IS BELOW THE PERFORATION.

SHOW CERTIFICATE WHEN OBTAINING PERMITS.



RESIDENTIAL BLDG CONTRACTOR

Construction Codes and Licensing Division
Website: www.dli.mn.gov/ccld.asp

Licensing and Certification Services
Email: dli.license@state.mn.us

443 Lafayette Road N St. Paul, MN 55155
Phone: 651.284.5034

This is to certify that the certificate holder is licensed as a RESIDENTIAL BUILDING CONTRACTOR in the state of Minnesota and is in compliance with Minnesota Statutes 326B.805, and may build residential real estate, contract or offer to contract with an owner to build residential real estate, and contract or offer to contract with an owner to improve existing residential real estate; provided the responsible individual is at all times a QUALIFYING BUILDER and the certificate holder maintains compliance with the required general liability insurance, and workers' compensation laws.

License : RESIDENTIAL BLDG CONTRACTOR
Lic Number : BC020943 TWIN CITY ROOFING CONSTRUCTION SPECIALISTS INC
Effective Date : 04/01/2020 72 IVY AVE W
Expiration Date : 03/31/2022 ST PAUL, MN 55117

VERIFY UP-TO-DATE STATUS, BOND, AND INSURANCE INFO AT www.dli.mn.gov/ccld/LicVerify.asp (ENTER NUMBER).

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