



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

## 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                     | BAK49341-1    | 04/07/2020              | 04/07/2021              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                                     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |                                     |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A | 84055.803     | 04/21/2020              | 04/21/2021              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>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<br>123 Main Street<br>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.<br>AUTHORIZED REPRESENTATIVE<br> (SAF) |
|--|---|

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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](mailto:DLI.License@state.mn.us)  
Website: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)

## NOTICES

### NOT TRANSFERABLE

CHANGE YOUR BUSINESS STRUCTURE  
SUBMIT A NEW APPLICATION FOR NEW ENTITY

RENEW OR REPLACE INSURANCE POLICY  
SUBMIT NEW CERTIFICATE OF INSURANCE

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

**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](http://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.



Construction Codes and Licensing Division  
Website: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)

Licensing and Certification Services  
Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)

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

## RESIDENTIAL BLDG CONTRACTOR

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](http://www.dli.mn.gov/ccld/LicVerify.asp) (ENTER NUMBER).