





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/27/2012

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 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).

<b>PRODUCER</b> <b>Kraus-Anderson Insurance</b> <b>420 Gateway Boulevard</b>  <b>Burnsville MN 55337-2790</b>	<b>CONTACT NAME:</b> Certificates Department <b>PHONE (A/C, No. Ext):</b> (952)707-8200 <b>FAX (A/C, No):</b> (952)890-0535 <b>E-MAIL ADDRESS:</b> certificates@kainsurance.com																				
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<b>INSURED</b> <b>Carlson McCain, Inc.</b> <b>248 Apollo Drive</b>  <b>Lino Lakes MN 55014</b>																					

**COVERAGES**                      **CERTIFICATE NUMBER:**12-13 Certificate                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			ECC101007722-02	6/1/2012	6/1/2013	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Contractors Pollution						PERSONAL & ADV INJURY \$ 3,000,000
	<input checked="" type="checkbox"/> XCU						GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	<b>AUTOMOBILE LIABILITY</b>			20-A-003150593-2	6/1/2012	6/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<b>UMBRELLA LIAB</b>			EXS101007723-03	6/1/2012	6/1/2013	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 3,000,000
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED	RETENTION \$ 0					\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			20-WC-003150594-2	6/1/2012	6/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>Professional Liability</b>			ECC101007722-02	6/1/2012	6/1/2013	Aggregate: \$3,000,000
	- Claim Made Form						Deductible: \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: PU-10-555

A Waiver of Subrogation in favor of the Additional Insureds applies to the Commercial General Liability Policy when required by written contract.

### CERTIFICATE HOLDER

### CANCELLATION

<b>North Dakota Public Service Commission</b> <b>600 E. Boulevard</b> <b>Dept 408</b> <b>Bismarck, ND 58505-0480</b>	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  Mark N. Kampf/CARLEY 



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	- Claim Made Form						Deductible: \$10,000

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RE: PU-10-120

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