

Gruman, Mark E.

From: Gruman, Mark E.
Sent: Wednesday, August 24, 2011 1:29 PM
To: 'Pell, Ann'
Subject: RE: RE: LaCapra Assoc

Thanks Ann.

Mark

From: Pell, Ann [<mailto:pellan@rogersgray.com>]
Sent: Wednesday, August 24, 2011 12:37 PM
To: Gruman, Mark E.
Cc: Jeffcoat-Sacco, Iilona; Sheldon, Scott F.; Marohl, Christopher A.; Gallion, Joshua C.
Subject: RE: RE: LaCapra Assoc

Afternoon Mark!

Stop Gap coverage for ND has been added to the insured's work comp policy. Revised certificate attached.

Let me know if you have any questions.

Ann

Ann M. Pell, CIC, CISR/ Commercial Lines Account Manager | Rogers & Gray Insurance Agency, Inc.
434 Route 134, P.O. Box 1601 | South Dennis, MA 02660 | Direct Phone (508) 398.7917 | Fax (508) 398.0246

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From: Gruman, Mark E. [<mailto:mgruman@nd.gov>]
Sent: Tuesday, August 23, 2011 8:59 AM
To: Pell, Ann
Cc: Jeffcoat-Sacco, Iilona; Sheldon, Scott F.; Marohl, Christopher A.; Gallion, Joshua C.
Subject: ND would like revised cert today... RE: LaCapra Assoc

Thank you. We are hoping to discuss this contract tomorrow morning. So, if you could possibly have the revised certificate completed by today, we would be most appreciative.

Mark Gruman
Legal Counsel
North Dakota Public Service Commission

From: Pell, Ann [<mailto:pellan@rogersgray.com>]
Sent: Monday, August 22, 2011. 3:24 PM

30 PU-11-165 Filed 08/24/2011 Pages: 3
Certificate of liability insurance
Rogers & Gray Insurance Agency, Inc.
Ann Pell

1 31 PU-11-163 Filed 08/24/2011 Pages: 3
Certificate of liability insurance
Rogers & Gray Insurance Agency, Inc.
Ann Pell

To: Gruman, Mark E.
Subject: RE: LaCapra Assoc

Hi Mark!

Just to confirm our conversation on your certificate concerns,

Work comp – ND is a monopolistic state which requires work comp coverage be purchased thru your State facility. That being the case, we cannot add ND to the insured's current work comp coverage. However, the insured can purchase the Stop Gap Coverage noted in your contract. It is work comp type coverage. I am working with their carrier, CNA, to get the coverage endorsed onto either the general liability or work comp policy.

The deductible is the responsibility of the insured. It is part of the policy form language and does not need to be noted on the certificate.

The waiver of subrogation is noted in the description section of the certificate.

It is part of the policy conditions that bankruptcy or insolvency of the insured does not relieve the carrier of their obligations under the policy. And does not need to be noted on the certificate.

Once I take care of the stop gap coverage, I will send you a revised certificate.

Ann

PS: I finally did receive your 11 page fax after our conversation....

Ann M. Pell, CIC, CISR/ Commercial Lines Account Manager | Rogers & Gray Insurance Agency, Inc.
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From: Gruman, Mark E. [<mailto:mgruman@nd.gov>]
Sent: Monday, August 22, 2011 4:11 PM
To: Pell, Ann
Subject: contact info

Ms. Pell,

Thanks again for your help.

Mark Gruman
Legal Counsel
North Dakota Public Service Commission
701-328-2421

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/24/2011

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).


PRODUCER Rogers & Gray Ins. -So. Dennis 434 Route 134 P. O. Box 1601 South Dennis, MA 02660-1601	CONTACT NAME: Ann Pell CIC CISR PHONE (A/C, No, Ext): 508 398-7917 FAX (A/C, No): 508 398-0246 E-MAIL ADDRESS: pellan@rogersgray.com PRODUCER CUSTOMER ID #:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : American Casualty Company</td> <td></td> </tr> <tr> <td>INSURER B : National Fire Insurance Co. of</td> <td></td> </tr> <tr> <td>INSURER C : Houston Casualty Company</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Casualty Company		INSURER B : National Fire Insurance Co. of		INSURER C : Houston Casualty Company		INSURER D :		INSURER E :		INSURER F :
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INSURER F :															
INSURED LaCapra Associates Inc One Washington Mall, 9th Floor Boston, MA 02108															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		2090840622	09/19/2010	09/19/2011	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		2090840622	09/19/2010	09/19/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE 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 checked="" type="checkbox"/> N / A		WC414366701	12/15/2010	12/15/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Professional Deductible		H71010003	09/19/2010	09/19/2011	\$2,000,000 \$10,000 Flat per occ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder as additional insured including waiver of subrogation as respects general liability
Stop Gap coverage on work comp policy applicable to North Dakota

CERTIFICATE HOLDER State of North Dakota, North Dakota Public Service Commission 600 East Boulevard Avenue Bismarck, ND 58505-0480	CANCELLATION 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 
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