

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/31/12

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

	ne terms and conditions of the policy, ertificate holder in lieu of such endors		•		dorser	nent. A state	ement on thi	s certificate does not co	nter riç	jhts to the	
PRODUCER						CONTACT NAME:					
Thompson Insurance Enterprises LLC					PHONE FAX						
3380 Chastain Meadows Parkway					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
Suite 100					PRODUCER CUSTOMER ID #:						
Kennesaw, GA 30144					INSURER(S) AFFORDING COVERAGE					NAIC#	
INSURED					INSURER A: Star Insurance Company					18023	
Amy Macgowan					INSURER B:						
19775 Near Mountain Blvd					INSURER C:						
Excelsior, MN 55331					INSURER D:						
						INSURER E:					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 368878						REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES (IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	QUIRE RTAI	EMEN [®] N, THI	T, TERM OR CONDITION OF E INSURANCE AFFORDED E	ANY C	ONTRACT OR POLICIES DES	OTHER DOC SCRIBED HER	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL T) WHIC	H THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 300	00,000	
	CLAIMS-MADE X OCCUR	×		GI 0757605		9/5/12	9/5/13	MED EXP (Any one person)		LUDED	
Α	× PROFESSIONAL LIABILITY INCLUDED			GE0737003				PERSONAL & ADV INJURY		00,000	
'`	IN EACH OCCURRENCE LIMIT							GENERAL AGGREGATE		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		00,000	
	POLICY PRO- JECT LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	HIRED AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$		
	AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB OCCUP							EAGU GOGUPPENGE	\$		
	EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$		
	DED RETENTION\$							AGGREGATE	\$		
	WORKERS COMPENSATION							WC STATU- OTH-	Ψ		
	AND EMPLOYERS' LIABILITY Y / N							TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		X							\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
CE	RTIFICATE HOLDER		CANO	CANCELLATION							
St. Hubert Catholic Community 8201 Main Street Chanhassen, MN 55317					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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