

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2023

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.

lf ##	SUBROGATION IS WAIVED, subject	to t	he te	rms and conditions of the	ne poli	cy, certain p	olicies may	require an endorsement. A	statement on	
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT (C. 14.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1										
UNIDALE INSURANCE AGENCY					CONTACT NAME: Kristin Waldoch PHONE (CSA)207 2084					
4010 Lovell Rd NE					(A/C, No, Ext): (651)227-8251 (A/C, No): (651)224-5320					
Circle Pines, MN 55014						ADDRESS: Kristin@unidaleinsurance.com				
License #:4486						INSURER(S) AFFORDING COVERAGE				
INSURED					INSURER A: Third Coast Ins Co				10713	
Excel Construction Group LLC					INSURER B: SFM Mutual				11347	
25 26						INSURER C:				
2657 Xerxes Ave N						INSURER D :				
Minneapolis, MN 55422					INSURER E :					
ONTENANCE						INSURER F:				
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 INSD WYD					POLICY EFF POLICY EXP					
-111	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	4 000 000	
A	CLAIMS-MADE X OCCUR	x						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000 50,000	
								MED EXP (Any one person) \$	5,000	
			GLS	GLSISTC001999122		5/13/2022	5/13/2023	PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							\$		
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$		
	OWNED SCHEDULED							BODILY INJURY (Per person) \$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			134639,203		3/1/2023	3/1/2024	PER OTH- STATUTE ER		
В								E.L. EACH ACCIDENT \$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000	
DEEC	COLOTION OF COLOTIONS AS A STATE OF COLOTION OF COLOTI									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER						CANCELLATION				
MN Dept of Labor and Industry 443 Lafayette Road N St Paul. MN 55155						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				
						Ellen M. Regan				