



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2019

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 Marsh & McLennan Agency LLC 7225 Northland Drive Suite 300 Minneapolis MN 55428	CONTACT NAME: _____		
	PHONE (A/C, No. Ext): _____	FAX (A/C, No): _____	
E-MAIL ADDRESS: _____			
PRODUCER CUSTOMER ID #: BLOOMQUAD			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Bloomfield Quad Association c/o FirstService Residential MN 8100 Old Cedar Ave S Suite 300 Bloomington MN 55425	INSURER A : QBE Insurance Corporation		39217
	INSURER B : NOVA Casualty Company		42552
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1383516612

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			IHG100012601	10/18/2019	10/18/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE _____ RETENTION \$ _____						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Crime/Fidelity Coverage			WIBC1000236601	10/18/2019	10/18/2020	\$400,000 limit	\$1,000 Deductible
A	Blanket Building Limit Special Form			IHG100012601	10/18/2019	10/18/2020	\$17,419,200	\$10,000 Ded. **
							100% Guaranteed RC	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Original Specs coverage (does not include improvements & betterments); 19 buildings - 76 total units

**2% per building wind/hail deductible

Property Management Company included for coverage on the Crime/Fidelity policy.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes

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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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Bloomfield Quad Association c/o FirstService Residential MN 8100 Old Cedar Ave S Suite 300 Bloomington MN 55425	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Building Ordinance Coverage A included in building limit: \$3,000,000 combined B & C
 Severability of Interest wording is included in the General Liability policy form.
 Equipment Breakdown is included up to the building limit; subject to a \$10,000 deductible
 Directors & Officers Liability Coverage is with Security National - \$1,000,000 limit / \$1,000 deductible.
 10 days notice of cancellation for non-payment of premium

Bloomfield Quad Association

Master insurance Policy Broker	Marsh & McLennan Agency																						
Policy Period	10/18/19 to 10/18/20																						
Insurance Carrier	QBE Insurance Corporation																						
Association Building Coverage	Original Specs Coverage																						
Items covered by master policy <i>(Items <u>not checked</u> need be covered on your personal HO-6 Policy)</i>	<table border="1"> <tr><td>x</td><td>Ceiling Finishing Materials</td></tr> <tr><td>x</td><td>Wall Finishing Materials</td></tr> <tr><td>x</td><td>Carpeting</td></tr> <tr><td>x</td><td>Finished Flooring (other than carpeting)</td></tr> <tr><td>x</td><td>Cabinetry</td></tr> <tr><td>x</td><td>Finished Millwork</td></tr> <tr><td>x</td><td>Electrical Fixtures serving a single unit</td></tr> <tr><td>x</td><td>Plumbing Fixtures serving a single unit</td></tr> <tr><td>x</td><td>Heating, ventilating & air conditioning equipment serving a single unit</td></tr> <tr><td>x</td><td>Built-in Appliances</td></tr> <tr><td></td><td>Other improvements and betterments (installed by any unit owner)</td></tr> </table>	x	Ceiling Finishing Materials	x	Wall Finishing Materials	x	Carpeting	x	Finished Flooring (other than carpeting)	x	Cabinetry	x	Finished Millwork	x	Electrical Fixtures serving a single unit	x	Plumbing Fixtures serving a single unit	x	Heating, ventilating & air conditioning equipment serving a single unit	x	Built-in Appliances		Other improvements and betterments (installed by any unit owner)
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Master Insurance Standard Property Deductible	\$10,000 per occurrence																						
Additional Deductibles	<ul style="list-style-type: none"> • Wind/Hail Deductible -- 2% of building limit (average of \$4,600 per unit) 																						
To submit a claim	Contact a board member or property manager Alert your personal agent																						
Other questions, please contact	Tracey Lund 763-746-8280 Tracey.Lund@MarshMMA.com																						
To print a proof of coverage (Certificate of Insurance)	Visit www.MarshMMA.com/CAIS																						

Unit Owner Letter – Give to Personal Insurance Agent

Be sure to discuss with your personal agent how to protect yourself in the event of a loss. Some common exposures are:

- Building Coverage A
- Loss Assessment
- Sewer Backup/Sump Pump Failure
- Losses under the master policy property deductible.

Disclaimer: No coverage is provided by this summary, nor can it be construed to replace any provision of the policy. Refer to the actual policy for complete information on the coverages provided. If there is a conflict between the policy and this summary, the provisions of the policy shall govern.

ON-LINE CERTIFICATE INSTRUCTIONS

It is important to us to be there when you need us! Our client portal offers you the ability to issue Certificates of Insurance anytime, from any computer with Internet access!

Visit our website at: www.communityassociationinsurance.com

1. From the main web page, click on **Client Tools** (upper right of screen).
2. Click on View All Offices – then choose

State = MN	City = Brooklyn Park or Minneapolis
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3. Scroll down and under ACCESS ONLINE CERTIFICATES OF INSURANCE click on **“Townhome and Condo”**

4. Log in:

First Time Guests	Already Registered,
<u>Complete the Sign-Up form and hit Submit</u> <i>You will receive an email with your individual user name and password. Once received, you can log into the website.</i>	<u>Click on Link to enter your user name and password</u>

5. Click on the **“Issue a Certificate of Insurance”** box
6. **Enter name** or partial name of Association and **select “Find”**
7. Click on the **Insured Name**
8. Click on the **current year certificate** link
9. Under **“Holder Information”**, enter **Mortgage Company information** (name, address, city, state, zip code).
10. Scroll down to Unit #, Unit Owner Name, and Unit Owner Mortgage Loan # and **enter the appropriate information** in these sections.
11. Scroll down and click on the **“Lookup”** box in the *Description of Operations* section and choose the address of the building your unit is located in.
12. Under **Recipient 1** section, enter your **email address** & check the **“Send me Confirmation”** checkbox if you want to receive a copy of this certificate by email.

****NOTE: DO NOT CLICK “SUBMIT” UNTIL ALL FIELDS ARE COMPLETED.****

NOTE: YOU MUST CLICK ON THE “LOOKUP” BOX IN ORDER TO SELECT YOUR UNIT ADDRESS. FAILURE TO DO SO WILL RESULT IN AN INVALID CERTIFICATE.

- *You can enter up to three (3) different recipients and send via fax or email*
13. Click **“Submit Request”** to issue and send the Certificate of Insurance.
 14. To print out a **Certificate of Insurance**: Select **Open Certificate** on the confirmation screen and to view and/or print the certificate when the PDF opens.