CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/2024

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. 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

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Nonprofit Insurance Trust	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Northfield Healthy Community Initiative
1651 Jefferson Pkwy Suite HS 128
Northfield, MN 55057-2760

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☑ COMMERCIAL GENERAL LIABILITY			PL0279-24	06/01/2024	06/01/2025	EACH OCCURRENCE	$1,000,000
	☐ CLAIMS-MADE ☑ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	☐						MED EXP (Any one person)	$5,000
	☐						PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	☑ POLICY ☐ PROJECT ☐ LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	☐ OTHER:						TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY			PL0279-24	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☑ HIRED AUTOS ☑ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	☐ ☐							
A	☐ UMBRELLA LIAB ☑ OCCUR			PL0279-24	06/01/2024	06/01/2025	EACH OCCURRENCE	$2,000,000
	☑ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$2,000,000
	☐ DED ☑ RETENTION $0							
A	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 N	N/A		WC0279-24	01/01/2024	01/01/2025	☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	FIDELITY/EMPLOYEE DISHONESTY			PL0279-24	06/01/2024	06/01/2025		$100,000
A	PROFESSIONAL LIABILITY			PL0279-24	06/01/2024	06/01/2025		$1,000,000 per occurrence/$3,000,000 aggregate
A	CYBER LIABILITY			PL0279-24	06/01/2024	06/01/2025		$1,000,000

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

CERTIFICATE HOLDER

Northfield Healthy Community Initiative
1651 Jefferson Pkwy Ste HS 128
Northfield, MN 55057-2760

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.

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