

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/26/2023

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ea) must have ADDITIONAL INSURED provisions or be endorsed. If SUBRCORTINO IS NAVES, 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). PROUDER INSURE FORWARD INSURE FORWARD NSURE FORWARD INSURE FORWARD INSURE FORWARD AGST South Columbia Road INSURE FORWARD INSURE FORWARD Grand Forks ND 58201 INSURE R I: INSURER I: NSURER 0 INSURER R I: INSURER R I: INSURER R I: MAREER 0: INSURER R I: INSURER R I: INSURER R I: INSURER FORWARD ND 58201 INSURER R I: INSURER R I: MAREER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURER R I: INSURE R I: INSURE R I: INSURE R I: INSURE R I: INSURE R I: ND 58201 REVISION NUMBER REVISION NUMBER INSURE R I: INSURER R I: INSURE R I: INSURE R I: <th colspan="10">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.</th>	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.											
this endificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCET INSURE FORWARD NSURE FORWARD 4651 South Columbia Road Crand Forks ND 58201 MSURER A1. National Laffon Galloway Architects, Ltd., DBA: JLG Architects 323 Demois Ave NSURER D Grand Forks ND 58201 MSURER D Insurer D Insurer D Insurer D Grand Forks ND 58201 MSURER D Insurer D INSURER D Insurer D MSURER D Insurer D MSURER D Insurer D MSURER D Insurer D MSURER D Insurer D COVERAGE CETTIFICATE NUMBER MSURER D Insurer D MSURER D Insurer D MSURER D Insurer D MSURER D Insurer D												
NUMBER Cases domained Mate:: Mate:: <th< td=""><td>· · ·</td><td></td><td>•</td><td></td><td>•</td><td>may require</td><td>an endorsement. A staten</td><td>ient on</td><td></td></th<>	· · ·		•		•	may require	an endorsement. A staten	ient on				
MODEL FORMULE I/dX: No. 1/2007 I/dX: No. 1/2007 I/dX: No. 1/2007 de3: Sourt Columbia Road ND 58201 NSURER Sample S	PRODUCER				Casey Sw	anson						
ADD RESS Design during an total induction during and total induced in the second process of the second proces of the second proces of the second proces of the second process	INSURE FORWARD			(A/C, No, Ex	t): (701) 77	2-6651	FAX (A/C, No): (1	701) 772-83	367			
Grand Forks ND S8201 INSURER A: INSURER A: SUBJECT INSURER A: INSURER B: INSURER C: INSURER C: INSURE C: INSURER C: INSURE C: IN	4651 South Columbia Road			E-MAIL ADDRESS:	casey.swa	inson@insuref	orward.com					
INSURED INSURED A: INSURER B : INSURER B : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURER C : INSURE C : <th co<="" td=""><td colspan="10">Cread Early ND 50004 Nationvide Metal Jackies Co. 00270</td></th>	<td colspan="10">Cread Early ND 50004 Nationvide Metal Jackies Co. 00270</td>	Cread Early ND 50004 Nationvide Metal Jackies Co. 00270										
Johnson Laffen Galloway Architects, Lid., DBA: JLG Architects Insures C 323 Demers Ave Insures C Grand Forks ND 58201 Insures F: Insures F: COVERAGES CERTIFICATE NUMBER: Z2/23 Master REVISION NUMBER: THIS IS TO CONTRY THAT THE POLICES OF INSURANCE LISTED BELOW HURE BEEN INSURE DO THE INSURE DADAYE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WY BE (3) SUBJECT ON LITTER SHOWN MAY HAVE BEEN INSUED TO THE INSURED CAMSE. INTYPE OF INSURANCE MODOLIVER DEVIDENT MARKET DO CLAMSER INTYPE OF INSURANCE MODOLIVERY MAY INST UPE OF INSURANCE MODOLIVERY MAY INST UPE OF INSURANCE MODOLIVERY			ND 58201	INSURER A	. Nationwi	de Mutual Insu	rance Co	2	23787			
323 Demers Ave INUMER 0: Grand Forks Grand Forks COVERAGES CERTIFICATE NUMBER: 21/23 Master REVISION NUMBER: This IS TO CERTIFY THAT THE FOLICIES OF INSURANCE LISTED BELOW HAVE EBEN ISSUED TO THE INSURE NAMED ABOVE FOR THE FOLICY PERIOD INSURANCE AFFORDED BY THE FOLICIES OF ANY CONTRACTOR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ISSUED TO ALL THE TERMS, EXCLUSIONS OF SUCH FOLICIES. LIMITS SHOW MAY AHVE BEEN ISSUED DE BY PAID CLAINS. INSURANCE AFFORDED BY THE FOLICIES DESCRIPTION OF OFTER DOCUMENT WITH RESPECT TO WHICH THIS ISSUED TO ALL THE TERMS, EXCLUSIONS OF SUCH FOLICIES. LIMITS SHOW MAY AHVE BEEN REDUCED BY PAID CLAINS. INSURANCE AFFORDED BY THE FOLICY ENDY INSURANCE AFFORDED BY THE FOLICY MUMBER OCCUR INSURANCE AFFORDED BY THE FOLICY ENDY INSURANCE AFFORDED BY THE FOLICY ENDY COMMERCIAL GENERAL LIABULTY OCCUR INTER F: COMMERCIAL GENERAL LIABULTY INTER F: COMMERCIAL GENERAL LIABULTY INTER F: OCCUR				INSURER B	:							
Crand Forks ND 58201 Instruct Control Contrel Control Control Control Control Con												
Grand Forks ND S8201 INSURER F: Insurer F: COVERAGES CERTIFICATE NUMBER: 22/33 Masier REVISION NUMBER: Institute THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELLOW HAVE BEEN ISSUED TO THE INSURED AVME PAGE OF RITE POLICIES OF CROT THE POLICIES OF CROT THE POLICIES OF CROT THE POLICIES DE COMMENTANCE AFFORDED BY THE POLICIES DE SCRIEDE HEREIN IS SUBJECT TO VHICH THIS SECULISIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PARE POLICIES DE SCRIEDE HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DE SCRIEDE HEREIN IS SUBJECT TO ALL THE TERMS. EACH OCCURRENCE S INTRE CONDUCTIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DE SCRIEDE HEREIN IS SUBJECT TO ALL THE TERMS. EACH OCCURRENCE S INTRE CONDUCTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIEDE HEREIN IS SUBJECT TO ALL THE TERMS. EACH OCCURRENCE S INTRE CONDUCTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIEDE HEREIN IS SUBJECT TO ALL THE TERMS. EACH OCCURRENCE S INTRE CONDUCTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIEDE HEREIN IS SUBJECT TO ALL THE TERMS. EACH OCCURRENCE IS CONTRIBUTIVE INSTITUTE OF CONTRIBU	525 Demers Ave											
COVERAGES CERTIFICATE NUMBER: 22/23 Master REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PRIOD 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 CLAMMS. INSR TYPE OF INSURANCE ADDISJUBR INSR TYPE OF INSURANCE ADDISJUBR OOMMERCIAL GENERAL LIABILITY INSD POLICY NUMBER INSR COMMERCIAL GENERAL LIABILITY INSD INSR OCCUR INSD GENL AGGREGATE LIMIT APPLIES PER: POLICY NUMBER POLICY NUMBER INSD SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY AUTOMOBILE LIABILITY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY AVTOMOBILE LIABILITY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY AVTOMOBILE LIABILITY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY AVTOMOBILE LIABILITY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY VERY PORTON SCHEDULED ALTOS ONLY SCHEDULED ALTOS ONLY SCHEDULEND ALTOS ONLY	Grand Forks		ND 58201									
THE IS TO CERTIFY THAT THE POLICY DEFINITION OF ANY CONTRACT OR TOTHED NOLKED NAME DASOVE FOR THE POLICY PERIOD INDICATES. NOTWITHSTANDING ANY RECENT OR CONTRINT OR OF ANY CONTRACT OR OTHEN DOCUMENT WITH RESPECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE		TIFICATE		INSURER F	:							
CRETIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINUTS SHOWN MAY HAVE BEEN REDUCED BY PAID CALMS. TYPE OF INSURANCE NOL CONSTRUCT SOLUCIES CALMS. MAY DEPENDENT OF OPERATIONS OF SUCH POLICIES. LINUTS SHOWN MAY HAVE BEEN REDUCED BY PAID CALMS. TYPE OF INSURANCE NOL COLUMNER COMMERCIAL GENERAL LIABILITY FOR OF INSURANCE SCHEDULED AND AND AND AND AND AND AND AND AND AN				I ISSUED TO	THE INSUF			D				
LTR TYPE OF INSURANCE INSD WOD POLICY NUMBER (IMMDDYYYY) (IMMDDYYYY) (IMMDDYYYY) (IMMDDYYYY) COMMERCIAL GENERAL LUBILITY CLAIMS-MADE OCCUR \$ CENU AGGREGATE LIMIT APPLIES PER: OTHER: NED EXP (Any one person) \$ COMMODILE LIABILITY LOC OTHER: S AUTOMOBILE LIABILITY LOC S AUTOMOBILE LIABILITY S ANY AUTO SCHEDULED AUTOS ONLY AUTOS ONLY AND EMPLOYERS LIABILITY ACP 3200717371 OT/19/2022 OT/19/2022<	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,											
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR \$ CLAIMS-MADE OCCUR \$ GENT_AGGREGATE LIMIT APPLIES PER: POLICY PERSONAL & ADV INJURY \$ GENT_AGGREGATE LIMIT APPLIES PER: POLICY PERSONAL & ADV INJURY \$ GENT_AGGREGATE LIMIT APPLIES PER: POLICY PERSONAL & ADV INJURY \$ GENT_AGGREGATE LIMIT APPLIES PER: POLICY PERSONAL & ADV INJURY \$ GENT_AGGREGATE LIMIT APPLIES PER: POLICY PERSONAL & ADV INJURY \$ AUTOMOBILE LIABILITY SCHEDULED \$ \$ ANY AUTO AUTOS ONLY AUTOS ONLY \$ \$ AUTOS ONLY AUTOS ONLY AUTOS ONLY \$ \$ AUTOS ONLY AUTOS ONLY AUTOS ONLY \$ \$ ANY AUTOS ONLY AUTOS ONLY AUTOS ONLY \$ \$ AND EMPLOYERS LIAB OCCUR CLAIMS-MADE \$ \$ AND EMPLOYERS LIABILITY ACP 3200717371 07/19/2022 \$ \$ \$ AND EMPLOYERS LIABILITY N/A ACP 3200717371 07/19/2022 \$ \$		ADDL SUBR	POLICY NUMBER	PC (MM	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
GENLAGGREGATE LIMIT APPLIES PER: PERSONAL & ADV INJURY \$ GENLAGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINE LIABILITY \$ \$ ANY ONOBLE LIABILITY \$ \$ \$ ANY AUTO SCHEDULED AUTOS ONLY \$ \$ ANY AUTO OWNED AUTOS ONLY \$ \$ AUTOS ONLY AUTOS ONLY AUTOS ONLY \$ \$ AUTOS ONLY AUTOS ONLY \$ \$ \$ AUTOS ONLY OCCUR \$ \$ \$ \$ AUTOS ONLY OCCUR \$ \$ \$ \$ \$ DED	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
GENLAGGREGATE LIMIT APPLIES PER: PRO: S AUTOMOBILE LIABILITY ANY AUTO SCHEDULED AUTOS ONLY ALTOS ONLY ALTOS ONLY ALTOS ONLY PRO: S AUTOS ONLY ALTOS ONLY ALTOS ONLY ALTOS ONLY PRO: S PRO: S AUTOS ONLY ALTOS ONLY ALTOS ONLY ALTOS ONLY S PRO: S AND BMPLICA LIAB OCCUR CLAIMS-MADE S S S DED RETENTION \$ VORKERS COMPENSATION S S S MAD EMPLOYERY: LIABILITY Y/N N/A ACP 3200717371 07/19/2022 07/19/2023 PROPENTY DAMAGE S EL. EACH ACCIDENT Y/N N/A ACP 3200717371 07/19/2022 07/19/2023 EL. EACH ACCIDENT \$ 1,000,000 EL. DISEASE - POLICY LIMIT S 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000 EL. DISEASE - POLICY LIMIT S 1,000,000							MED EXP (Any one person) \$					
POLICY JECT LOC PRO- LOC PRO-							PERSONAL & ADV INJURY \$					
Automobile Liability S ANY AUTO S OWNED NATIOS ONLY ANTOS ONLY ANTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY S AUTOS ONLY S AUTOS ONLY S AUTOS ONLY Y N/A ACP 3200717371 O7/							GENERAL AGGREGATE \$					
AUTOMOBILE LIBILITY COMBINED SINGLE LIMIT \$ ANY AUTO SCHEDULED AUTOS BODLY INJURY (Per person) \$ MIRED AUTOS ONLY AUTOS ONLY BODLY INJURY (Per person) \$ HERD AUTOS ONLY AUTOS ONLY BODLY INJURY (Per person) \$ MIRED AUTOS ONLY AUTOS ONLY SCHEDULED \$ AUTOS ONLY AUTOS ONLY AUTOS ONLY \$ \$ MORKERS COMPENSATION CLAIMS-MADE \$ \$ \$ DED RETENTION \$ N/A ACP 3200717371 07/19/2022 07/19/2023 \$ \$ \$ MORKERS COMPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$ 1,000,000 \$ EL. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ 1,000,000 \$												
ANO ONCOLLERABLET S ANY AUTO SCHEDULED AUTOS ONLY SCHEDULED AUTOS ONLY NON-OWNED AUTOS ONLY AUTOS BODILY INJURY (Per accident) \$ CLAIMS-MADE CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NAN EMPLOYERS' LIABILITY Y/N N/A ACP 3200717371 07/19/2022 07/19/2022 07/19/2024 EL. EACH ACCIDENT EL. DISEASE - EAEMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000 EL. DISEASE - POLICY LIMI		<u> </u>										
OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) \$ AUTOS ONLY AUTOS ONLY AUTOS NON-OWNED \$ \$ AUTOS ONLY AUTOS ONLY AUTOS S \$ \$ INBRELLA LIAB OCCUR \$ \$ \$ \$ \$ EXCESS LIAB OCCUR \$ </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(Ea accident)</td> <td></td> <td></td>							(Ea accident)					
AUDS ONLY AUTOS ONLY A	OWNED SCHEDULED BODILY IN ILIRY (Per accident)											
Image:	AUTOS ONLY AUTOS HIRED NON-OWNED PROPERTY DAMAGE \$											
A ACCOUNT CLAIMS-MADE AGGREGATE \$ ADE DED RETENTION \$ \$ AGGREGATE \$ AND EMPLOYERS' LIABILITY Y/N AND EMPLOYERS' LIABILITY Y/N \$ \$ \$ \$ AND EMPLOYERS' LIABILITY Y/N N/A ACP 3200717371 07/19/2022 07/19/2022 07/19/2023 \$ \$ 1,000,000 \$<												
Image: Additional relations of the state of the stat	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$					
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 Y N / A ACP 3200717371 07/19/2022 07/19/2023 $V = PER_{STATUTE}$ OTH_{ER} L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$					
AND EMPTOPIES CLADELTT Y/N AND PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below ACP 3200717371 07/19/2022 07/19/2022 07/19/2023 E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A ACP 3200717371 07/19/2022 07/19/2023 07/19/2024 E.L. EACH ACCIDENT \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below I												
If yes, describe under DESCRIPTION OF OPERATIONS below Image: Constraint of the state												
DESCRIPTION OF OPERATIONS below Image: Constraint of the state	(Mandatory in NH)											
	DÉSÉRIPTION OF OPERATIONS below	<u> </u>					E.L. DISEASE - POLICY LIMIT \$	1,000,000				
CERTIFICATE HOLDER 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. 801 Washington St	City of Northfield											
Northfield MN 55057	Northfield		MN 55057			1	man					

© 1988-2015 ACORD CORPORATION. All rights reserved.

Additional Named Insureds

Other Named Insureds

JLG Architects

Doing Business As

			ADDI	TIONAL COVE	RAG	ES			
Ref #	Description Drug Free					Coverage Code DRUGF	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium -\$33.00)	
Ref #	Description					Coverage Code EXCNT	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium \$228.0	0	
Ref #	Descriptio	n			•	Coverage Code	Form No.	Edition Date	
	-	e Mod Factor 1				EXP01			
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium -\$2,88	5.00	
Ref #	Description	n				Coverage Code	Form No.	Edition Date	
		employer's liability				INEL			
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium \$200.0	0	
Ref #	Descriptio	n				Coverage Code	Form No.	Edition Date	
	Premium d					PDIS			
Limit 1	Limit 2 Limit 3 Deductible Amount Deductible Type						Premium -\$850.00		
Ref #	Descriptio					Coverage Code	Form No.	Edition Date	
Ker#	SPCOM					SPCOM	Form No.	Eution Date	
Limit 1	Limit 2 Limit 3 Deductible Amount					ctible Type	Premium \$384.00		
Ref #	Description Schedule r	n ate adjustment				Coverage Code SRA	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium -\$2,081.00		
Ref #	Description	n			Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	tible Type	Premium	1	
Ref #	Description	n	1		1	Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium		
Ref #	Descriptio	n	1	1	1	Coverage Code	Form No.	Edition Date	
Limit 1	imit 1 Limit 2 Limit 3 Deductible Amount					Deductible Type Premium			
		1	I	1		1	1	1	
Ref #	Descriptio	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium		
OFADT	LCV						Copyright 2001, Al	AS Services, Inc.	



CERTIFICATE OF LIABILITY INSURANCE

JMARBEN DATE (MM/DD/YYYY)

JOHNLAF-01

				```					Ŭ L	4/	26/2023
	CERT	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	FER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
	f SU	RTANT: If the certificate holde BROGATION IS WAIVED, subject ertificate does not confer rights to	ct to	the	terms and conditions of	the po Ich end	licy, certain lorsement(s)	policies may			
PR	ODUCE	ER				CONTA NAME:	ст				
		nsurance, A Marsh & McLennan A	gen	cy LL	.C Company		o, Ext): (701) 7	775-3131	FAX (A/C, No):	(701)	775-4020
		12848 Forks, ND 58208-2848				E-MAIL	_{ss:} vaalergf	@vaaler.co	m	. ,	
									RDING COVERAGE		NAIC #
						INSURE			ty Company		28665
INS	URED	Jahrson Leffer Oalleway A	l. :4			INSURE			· · ·		
		Johnson Laffen Galloway A DBA JLG Architects	Chit	ects I	_ta.	INSURE	RC:				
		323 Demers Ave				INSURE	RD:				
		2nd Floor Grand Forks, ND 58201				INSURE	RE:				
		Grand Forks, ND 56201				INSURE	RF:				
C	OVEF	RAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIE									
	CERT EXCLI	ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PER POLI	TAIN, CIES.	THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	DED BY	THE POLIC	IES DESCRIE PAID CLAIMS	BED HEREIN IS SUBJECT 1		
INS LT	R R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ECP0369546		1/2/2022	1/2/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
A		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
					ECP0369546		1/2/2022	1/2/2025	(Ea accident)	\$, ,
		OWNED SCHEDULED AUTOS					1/2/2022	17272025	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
A	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			ECP0369546		1/2/2022	1/2/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$	İ							\$	
									PER OTH- STATUTE ER		
		O EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFF (Ma	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DE	SCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORD) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)		
C	RTI	FICATE HOLDER				CANC	ELLATION				
		City of Northfield 801 Washington Street Northfield, MN 55057				THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
						AUTHO	RIZED REPRESE	NTATIVE			
						R	-)				
1						12	naka				

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
04/26/2023

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. 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	o the	cent					on Certificate Center	-	
Willis Towers Watson Midwest, Inc.									467-2378
c/o 26 Century Blvd				(A/C, No	<u>Ext):</u> 1-877-			T-900-	-40/-23/8
P.O. Box 305191 Nashville, TN 372305191 USA				ADDRES	S: Certific	cates@willi	.s.com		
NASHVIIIE, IN 372303191 USA							DING COVERAGE		NAIC #
			RA: Travelo	ers Casualt	y and Surety Company	OI A	31194		
INSURED JLG Architects				INSURE	RB:				
323 DeMers Avenue, 2nd Floor				INSURE	R C :				
Grand Forks, ND 58201				INSURE	RD:				
				INSURE	RE:				
				INSURE	RF:				
COVERAGES CER	TIFIC	CATE	NUMBER: W28811460				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equir Pert Polic	EMEI AIN, CIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY	CONTRACT	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	ст то и	VHICH THIS
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY				T			EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
								\$	
EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE		
							AGGREGATE	\$	
DED RETENTION \$							PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N							STATUTE		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below	<u> </u>				00/07/07	aa (a= (a =)	E.L. DISEASE - POLICY LIMIT		
A Professional Liability			107591284		02/25/2023	02/25/2024		\$5,000	
							Aggregate	\$7,000	,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: 23048 Northfield Damage.									
CERTIFICATE HOLDER				CANO	ELLATION				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
City of Northfield				AUTHORIZED REPRESENTATIVE					
801 Washington St. Northfield, MN 55057					De G	ulow			
					© 19	88-2016 AC	ORD CORPORATION.	All riah	te recorved