

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CURRENT DATE

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).

<u> </u>	\	
PRODUCER	CONTACT NAME:	
PRODUCER / BROKER NAME AND ADDRESS	PHONE F (A/C, No, Ext):	AX A/C, No):
TROBUGERY BROKERY WINE AND ABBRECO	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : INSURER A NAME	NAIC #
INSURED	INSURER B: INSURER B NAME	NAIC #
NAMED INSURED ENTITY NAME AND ADDRESS	INSURER C: INSURER C NAME	NAIC #
	INSURER D:	
	INSURER E:	
	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.

NSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
LIK	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRENCE	\$ 1,000,000
X		CLAIMS-MADE X OCCUR	Y	Y	POLICY NUMBER	DATE	DATE	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER: Or							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Χ	ANY AUTO OR HIRED, NON-OWNED, & (	OWNE	Y	DOLLOV NUMBER	DATE	DATE	BODILY INJURY (Per person)	\$
X		OWNED SCHEDULED AUTOS ONLY AUTOS	Y					BODILY INJURY (Per accident)	\$
^		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	Χ	UMBRELLA LIAB X OCCUR	Υ	Υ	POLICY NUMBER	DATE	DATE	EACH OCCURRENCE	\$ 2,000,000
X		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY	N/A	Y		DATE	DATE	X PER OTH- STATUTE ER	
,	ANYF	PROPRIETOR/PARTNER/EXECUTIVE TITLE			Y POLICY NUMBER			E.L. EACH ACCIDENT	\$ 500,000
X	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

LOCATION ADDRESS: 11100 Wayzata Boulevard, Minnetonka, MN 55305

Additional Insured: : Crescent Ridge Corporate Center I, Property Reserve, Inc., and Cushman & Wakefield, U.S., Inc. a Missouri Corporation.

ALL INSURANCE POLICIES EVIDENCED ON THIS CERTIFICATE ARE PRIMARY AND NON-CONTRIBUTORY WITH ANY INSURANCE MAINTAINED BY LANDLORD AND SHALL INCLUDE IN A WAIVER OF SUBROGATION PROVISION IN FAVOR OF ADDITIONAL INSURED.

30 days notice of cancellation.

Endorsement CG 2010 attached.

Please include copies of endorsements evidencing additional insured and waiver of subrogation

CERTIFICATE HOLDER	CANCELLATION			
Crescent Ridge Corporate Center I, Property Reserve, Inc. c/o Cushman & Wakefield U.S., Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
3500 American Boulevard West, Suite 200	AUTHORIZED REPRESENTATIVE			
Bloomington, MN 55431	SIGNATURE OF PRODUCER/BROKER			



COMMERCIAL GENERAL LIABILITY CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

## COMMERCIAL GENERAL LIABILITY COVERAGE PART

## **SCHEDULE**

Name Of Additional Insured Person(s)	Landiam(a) Of Covered Operations		
Or Organization(s):	Location(s) Of Covered Operations		
ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE			
REQUIRED IN A WRITTEN CONTRACT OR AGREEMENT TO			
INCLUDE AS AN ADDITIONAL INSURED AND THE USE OF			
THIS SPECIFIC ENDORSEMENT IS STIPULATED IN THE			
CONTRACT.			
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - **2.** The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- 1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person organization other than another contactor of sub-ontractor engaged in performing open tions or a pincipal as a pay or the same or ect.

CG 20 10 07 04

© ISO Properties, Inc., 2004

Page 1 of 1

