

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155
 Phone: (651) 284-5034
 Fax: (651) 284-5743
 TTY/MRS: (651) 297-4198
 E-mail: DLI.License@state.mn.us
 www.dli.mn.gov

Certificate of Insurance Covering General Liability and Property Damage

(This completed Certificate of Insurance must be submitted with an application form, renewal form or when updating insurance policy coverage. An ACORD form or any other Certificate of Insurance will not be accepted.)

Liability Insurance Coverage

This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.86, Subd. 2.

PRINT IN INK or TYPE your responses.
 Unreadable or illegible certificates will be denied.

Form must be completed by the insurance agent or insurance company, not by the business/contractor.

LICENSE TYPE	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
Residential Contractor/Remodeler		CSU0012529	
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.) ASI Contracting, Inc.		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
		07/24/2009	07/24/2010
DBA ("doing business as" or also known as an assumed name) (if applicable)		<input checked="" type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
STREET ADDRESS (no PO Box)		STATUTORY REQUIREMENT	
1461 92nd Ave NE		Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed operations insurance, with limits of at least \$100,000 per occurrence, \$300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least \$25,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits.	
CITY	STATE	ZIP CODE	This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.
Blaine	MN	55449	
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	
		CSU Producer Resources, Inc.	
CITY	STATE	ZIP CODE	INSURANCE AGENT'S NAME (Print)
			David Parkhurst
Data Practices Notice Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident
		40156134	<input checked="" type="checkbox"/> Non-resident
Cancellation Notwithstanding the expiration dates set forth in this certificate, should this policy be canceled or not renewed, the issuing company will provide at least 10 days advance written notice to the Certificate Holder of such cancellation or nonrenewal.		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
		Insurance & Benefits Group	816.525.3155
		ADDRESS	
		252 NW Executive Way	
CITY	STATE	ZIP CODE	
Lee's Summit	MO	64063	
		INSURANCE AGENT'S SIGNATURE	DATE
			02/17/2010

OFFICE USE ONLY Date of DLI Receipt <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Certificate Holder

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This insurance form has been filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes, section 60A.39, Subd. 5.