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OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.	Minneapolis, MN 55413						BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY					
						OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.						
AUTHORIZED REPRESENTATIVE Agent of Record							AUTHORIZED REPRESENTATIVE Agent of Record					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/7/2011

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)

certificate noider in lieu of such	endorsement(s).							
PRODUCER		CONTACT Contact Name						
Agent of Record		PHONE (A/C, No, Ext): Phone Number	FAX (A/C, No): Fax Num	FAX (A/C, No): Fax Number				
		E-MAIL ADDRESS: Email Address						
		PRODUCER CUSTOMER ID #:						
		INSURER(S) AFFORDING COVERAG	E	NAIC #				
INSURED		INSURER A: Insurer Name						
Client Name		INSURER B: Insurer Name						
		INSURER C: Insurer Name						
SAMPLE CERTIFICATE		INSURER D :						
		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:SAMPLE	REVISION N	UMBER:					

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	R TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Y) LIMITS		
A	GEN	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	х	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		CLAIMS-MADE X OCCUR			POLICY NUMBER	10/1/2010	10/1/2011	MED EXP (Any one person)	\$	10,000
1								PERSONAL & ADV INJURY	\$	1,000,000
1								GENERAL AGGREGATE	\$	2,000,000
1	GEN	I'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	х	POLICY PRO- JECT LOC							\$	
A	_	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			POLICY NUMBER	10/1/2010	10/1/2011	BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS			POLICY NUMBER			BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		NON-OWNED AUTOS						Uninsured motorist combined	\$	1,000,000
								Underinsured motorist	\$	1,000,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE			POLICY NUMBER			AGGREGATE	\$	
		DEDUCTIBLE							\$	
В		RETENTION \$				10/1/2010	10/1/2011		\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							WC STATU- OTH- TORY LIMITS ER		
			N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	

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

RE: Leased/Rented Equipment

The Certificate Holder is an Additional Insured under the Commercial General Liability.

CERTIFICATE HOLDER	CANCELLATION				
kathyr@westphoto.com West Photo 21 University Avenue NE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Minneapolis, MN 55413	Agent of Record				