

DATE (MM/DD/YYYY) 11/28/2023

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.

l If	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to	the t	erms	and conditions of the po	licy, ce	rtain policies					
_	DUCER	CONTACT lan Interherger									
	th Risk Partners				PHONE (651) 370-7800 FAX (651) 370-7801					379-7801	
	Centre Pointe Blvd.	E-MAIL ion unterberger@portbrickpartners.com					310 1001				
	o comito i cinto biva.				ADDRE	00.					
Mer	ndota Heights			MN 55120	INSURE	EMC last		RDING COVERAGE			NAIC#
INSU	JRED				INSURE						
	Fit Academy				INSURE						
	7200 147th Street West				INSURER D :						
					INSURE	RE:					
	Apple Valley			MN 55124	INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE I	NUMBER: 23/24				REVISION NUM	IBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO TYPE OF INSURANCE	REME AIN, TH LICIES ADDL	NT, TE HE INS	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI	DOCUMENT VECTOR DOCUMENT VECTO	WITH RESPECT T	O WHICH T	HIS ,	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIO1 NOMBER		(WIW/DD/TTTT)	(11111)	EACH OCCURREN			00,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	Ψ	0,000
	CLAIIVIS-IVIADE OCCUR							PREMISES (Ea occ MED EXP (Any one		\$ 10,0	
Α				6D39833		11/28/2023	11/28/2024	PERSONAL & ADV		Ψ	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$ 2,00	00,000
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		\$ 1,00	00,000
	X ANY AUTO							BODILY INJURY (Pe	er person)	\$	
Α	A OWNED SCHEDULED AUTOS ONLY AUTOS		6E39833			11/28/2023	11/28/2024	BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	ЭE	\$	
										\$	
	➤ UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			6J39833		11/28/2023	11/28/2024	AGGREGATE		\$ 2,00	00,000
	DED RETENTION \$ 0									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		6H39833		11/28/2023	11/28/2024	E.L. EACH ACCIDE	NT	\$ 500,	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$ 500,	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$ 500,	
١,	Professional Liability			01/20022		44/00/0000	44/00/0004	Each Loss			0,000
A	Claims Made			6K39833		11/28/2023	11/28/2024	Aggregate		2,00	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is an Additional Insured under the Commercial General Liability when required by written contract.											
CEI	RTIFICATE HOLDER				CANC	ELLATION					
Augustana Health Care Center of Apple Valley 14650 Garrett Avenue					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						D BEFORE
					AUTHO	RIZED REPRESEN	HATIVE				
l	Apple Valley			MN 55124			1.10				



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the notice/fies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to		terms		licy, ce	rtain policies		•	ent. A state	ement (on .
	DUCER				CONTAC NAME:		perger				
Nor	h Risk Partners	PHONE (A/C, No, Ext): (651) 379-7800 FAX (A/C, No): (651) 379-7801						379-7801			
2010 Centre Pointe Blvd.							erger@northris	skpartners.com	(A/O, NO).		
							SURFR(S) AFFOR	DING COVERAGE			NAIC #
Mer	dota Heights			MN 55120	INSURE	FMC Inc.	. ,				
INSU	RED				INSURE	RB:					
	Fit Academy				INSURE	R C :					
	7200 147th Street West				INSURE	RD:					
					INSURE	RE:					
	Apple Valley			MN 55124	INSURE	RF:					
_				NUMBER: 23/24				REVISION NUM			
	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI										
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL 1	THE TERMS	,	
	(CLUSIONS AND CONDITIONS OF SUCH PC				REDUC	POLICY EFF	POLICY EXP				
INSR LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	4.00	00,000
								EACH OCCURRENT DAMAGE TO RENT	ΓED	1.00	00,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		10.0	
Α				6D39833	11/28/2023	11/28/2023	11/28/2024	MED EXP (Any one person) PERSONAL & ADV INJURY		1 00	00,000
, ,	GEN'L AGGREGATE LIMIT APPLIES PER:			020000		11/20/2020		GENERAL AGGREGATE \$		φ .	00,000
	PRO-						PRODUCTS - COM		\$ 2,000,000		
	OTHER:							PRODUCTS - COM	IF/OF AGG	\$	
	AUTOMOBILE LIABILITY				11/28/2023		COMBINED SINGLE LIMIT (Ea accident)		\$ 1,00	00,000	
	X ANY AUTO						BODILY INJURY (P	er person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			6E39833		11/28/2023	11/28/2024	BODILY INJURY (P	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMA (Per accident)	GE	\$		
								,		\$	
	✓ UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$ 2		\$ 2,00	00,000
Α	EXCESS LIAB CLAIMS-MADE			6J39833		11/28/2023	11/28/2024	AGGREGATE		\$ 2,00	00,000
	DED RETENTION \$ 0									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		6H39833	11	11/28/2023	11/28/2024	E.L. EACH ACCIDE	NT	\$ 500,	-
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	φ	,000
	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - PO	LICY LIMIT	\$ 500,	-
٨	Professional Liability			6K39833		11/28/2023	11/28/2024	Each Loss		· '	00,000 00,000
Α	Claims Made			0039033		11/20/2023	11/20/2024	Aggregate		2,00	00,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	OPD 1	01 Additional Pemarks Schedule	may he a	ttached if more en	ace is required)				
	ificate Holder is an Additional Insured under	-			-	-					
00.	modic Floract to arry tagitional modifica arract		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oroidi Conordi Elability Wilon	roquiroc	a by whiten con	iraoi.				
CEF	RTIFICATE HOLDER				CANC	ELLATION					
Charter School Capital, CSP Charter 7200 147th, LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	222 SW Columbia, Suite 1750				AUTHORIZED REPRESENTATIVE						
Portland OR 97201					//2						



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	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A stat	ement	on
PRODUCER					CONTAC NAME:	CT Jen Unter	berger			
North Risk Partners					PHONE (A/C, No, Ext): (651) 379-7800 FAX (A/C, No): (651) 379-7801					
201	0 Centre Pointe Blvd.				E-MAIL ADDRES	ion untorh	erger@northris	skpartners.com		
					ADDICE		SURER(S) AFFOR	RDING COVERAGE		NAIC #
Mer	dota Heights			MN 55120	INSURE	EMC Inc.		CONTRACT		TOTAL TO
INSU	RED				INSURE	RB:				
	Fit Academy				INSURE	RC:				
	7200 147th Street West				INSURE	RD:				
					INSURE	RE:				
	Apple Valley			MN 55124	INSURE	RF:				
_				NUMBER: 23/24	1001155	. TO THE INOLIS		REVISION NUMBER:	VOD.	
IN CI	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA	REME	NT, TE HE INS	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER IES DESCRIBEI	DOCUMENT VOLUMENT VOLUMENT V	WITH RESPECT TO WHICH T	HIS	
INSR	(CLUSIONS AND CONDITIONS OF SUCH PO		S. LIM ISUBRI		REDUC	ED BY PAID CL	AIMS. POLICY EXP	I		
LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		0.000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	Φ ′	0,000
	CLAINIS-INIADE F OCCUR							MED EXP (Any one person)	\$ 10,0	100
Α				6D39833		11/28/2023	11/28/2024	PERSONAL & ADV INJURY	+	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2 000 000	
	PRO- JECT LOC						PRODUCTS - COMP/OP AGG		0,000	
	OTHER:							\$		
	AUTOMOBILE LIABILITY				11/28/2023	11/28/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANY AUTO						BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY			6E39833			BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$	
	✓ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	Ψ	0,000
Α	EXCESS LIAB CLAIMS-MADE			6J39833	11/28/2023		11/28/2024	AGGREGATE	\$ 2,00	0,000
	DED RETENTION \$ 0								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER OTH- STATUTE ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		6H39833		11/28/2023	11/28/2024	E.L. EACH ACCIDENT	\$ 500,	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 500,	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,	
_	Professional Liability							Each Loss	l '	0,000
Α	Claims Made			6K39833		11/28/2023	11/28/2024	Aggregate	2,00	0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	OPD 1	01 Additional Romarks Schodulo	may bo a	ttached if more er	aco is roquirod)			
	ificate Holder is an Additional Insured under	-			-	-	= =			
Cei	ilicate i loider is all Additional Insured diffuer	lile C	OHIHI	sicial General Liability When i	equireu	by written com	iaci.			
CFF	RTIFICATE HOLDER				CANC	ELLATION				
<u> </u>					5,1110					
	Designs for Learning				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	2233 University W				AUTHO	RIZED REPRESEN	ITATIVE			
	Ste 450									
1	Saint Paul			MN 55114			1/2/10			



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If SUBROGATION IS \	NAIVED, subject to	the	terms	ONAL INSURED, the polic and conditions of the po cate holder in lieu of such	licy, ce	rtain policies					
PRODUCER					CONTA NAME:	CT Jen Unterb	perger				
North Risk Partners					PHONE (A/C, No, Ext): (651) 379-7800 FAX (A/C, No): (651) 379-7801					379-7801	
2010 Centre Pointe Blvd.					E-MAIL ADDRE	ss: jen.unterb	erger@northris	skpartners.com			
Mandata Hatabia				MN 55400		EMOL	. ,	RDING COVERAGE			NAIC #
Mendota Heights				MN 55120	INSURE	RA: EMC Insu	urance				
INSURED	24				INSURE						
Fit Academ	Street West				INSURE						
7200 1471	Tollect West				INSURE						
Apple Valle	Э			MN 55124	INSURE						
COVERAGES	CER	TIFIC	ATE	NUMBER: 23/24				REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE INSR					CONTR. E POLIC	ACT OR OTHER IES DESCRIBED	DOCUMENT V HEREIN IS S	WITH RESPECT TO	O WHICH T HE TERMS	HIS ,	
INSR LTR TYPE OF IN		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
COMMERCIAL GEN								EACH OCCURREN	CE ED	4.00	00,000
CLAIMS-MADE	OCCUR							PREMISES (Ea occ		40.0	00,000
A -				6D39833		11/28/2023	11/28/2024	WED EXP (Ally one person)		φ .	00,000
GEN'L AGGREGATE LIMI	T APPLIES PER:									2.00	00,000
POLICY PRO	D-						PRODUCTS - COM		\$ 2,00	00,000	
OTHER:								COMBINED SINGLE	LIMIT	\$	
AUTOMOBILE LIABILITY								(Ea accident)		\$ 1,00	00,000
ANY AUTO A OWNED SCHEDULED				6E39833		11/28/2023	11/28/2024	BODILY INJURY (Pe		\$	
HIRED	AUTOS NON-OWNED			020000		11/20/2020	11/20/2024	PROPERTY DAMAG	-	\$	
AUTOS ONLY	AUTOS ONLY						(Per accident)		\$		
➤ UMBRELLA LIAB	OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000
A EXCESS LIAB	CLAIMS-MADE			6J39833		11/28/2023	11/28/2024	AGGREGATE		\$ 2,00	00,000
DED X RETEN	NTION \$ 0							1.555	Low	\$	
WORKERS COMPENSATI AND EMPLOYERS' LIABII							11/28/2024	➤ PER STATUTE	OTH- ER	500	
A ANY PROPRIETOR/PARTI OFFICER/MEMBER EXCL	NER/EXECUTIVE	N/A		6H39833		11/28/2023		E.L. EACH ACCIDE		Ψ	,000
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA		φ =00	,000
DÉSCRIPTION OF OPERA	TIONS below							E.L. DISEASE - POI Each Loss	LICY LIMIT	φ	00,000
A Professional Liability Claims Made				6K39833		11/28/2023	11/28/2024				00,000
Olaimo Made											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Seventy-Two Hundres LLC is an Additional Insured under the Commercial General Liability when required by written contract with regards to leased premises.											
CERTIFICATE HOLDER					CANC	ELLATION					
Seventy-Two Hundred LLC Metro Equity LLC Post Office Box 967					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
Lakeville				MN 55044			//2				
Lancville				1111 30077			110				



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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER		CONTACT Jen Unterberger					
North Risk Partners		PHONE (A/C, No, Ext): (651) 379-7800 FAX (A/C, No): (651) 37	79-7801				
2010 Centre Pointe Blvd.		E-MAIL jen.unterberger@northriskpartners.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
Mendota Heights	MN 55120	INSURER A: EMC Insurance					
INSURED		INSURER B:					
Fit Academy		INSURER C:					
7200 147th Street West		INSURER D:					
		INSURER E :					
Apple Valley	MN 55124	INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 23/24	REVISION NUMBER:					
		N ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
I INDICATED NOTWITHSTANDING ANY	RECHIREMENT TERM OR CONDITION OF ANY	CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS					

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	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000		
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 1,000,000		
					11/28/2023	11/28/2024	MED EXP (Any one person)	\$ 10,000		
Α		Y		6D39833				\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	X ANY AUTO						BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			6E39833	11/28/2023	11/28/2024	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	➤ UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 2,000,000		
Α	EXCESS LIAB CLAIMS-MADE			6J39833	11/28/2023	11/28/2024	AGGREGATE	\$ 2,000,000		
	DED RETENTION \$ 0							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						➤ PER OTH-ER			
Ι,	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		6H39833	11/28/2023	11/28/2024	E.L. EACH ACCIDENT	\$ 500,000		
1	(Mandatory in NH)				1.723,2320		E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000		
	Professional Liability						Each Loss	1,000,000		
Α	Claims Made			6K39833	11/28/2023	11/28/2024	Aggregate	2,000,000		

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

WFCS Holdings II, LLC is an Additional Insured under the Commercial General Liability on a Primary/Non-Contributory basis when required by written contract.

D&O Liability: \$1,000,000 per claims periods; This is built into the EMC Public Officials Liability (Linebacker). This is \$1M each loss/ \$2M aggregate. This goes beneath the \$2M umbrella; Employee Benefit Liability (\$1M per claim); \$1,000,000/Employee and \$2,000,000/Aggregate. \$2M umbrella goes over this as well; Employer's Liability: (\$1M per occ), \$500,000 limits with \$2M umbrella. Total per occurrence \$2.5M with umbrella. Crime/Emp. Dishonesty: (\$1M); \$50,000 Blanket (Per Employee); Crime/Forgery & Alteration (\$500K); not currently in place;

Crime/Money & Securities: (\$500K) \$10,000 included in school property coverage extension CP7123

CERTIFICATE HOLDER		CANCELLATION
WFCS Holdings II, LLC 2751 Hennepin Ave		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
· ·		AUTHORIZED REPRESENTATIVE
Box 285		
Minneapolis I	MN 55408	la Ci



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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER			CONTACT Jen Unterberger				
North Risk Partners			PHONE (651) 379-7800	FAX (A/C, No):	651) 379-7801		
2010 Centre Pointe Blvd.			E-MAIL jen.unterberger@northriskpartners.com				
			INSURER(S) AFFORDING COVERAGE		NAIC#		
Mendota Heights	MN	55120	INSURER A: EMC Insurance				
INSURED			INSURER B:				
Fit Academy			INSURER C:				
7200 147th Street West			INSURER D:				
			INSURER E:				
Apple Valley	MN	55124	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	23/24	REVISION NUM	IBER:			
			N ISSUED TO THE INSURED NAMED ABOVE FOR THE PO				
	, , , , , , , , , , , , , , , , , , , ,				S		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY	ES OF INSURANCE LISTED BEL REQUIREMENT, TERM OR CON	OW HAVE BEE		OLICY PERIOR O WHICH THIS			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 1,000,000 CLAIMS-MADE | CCCUR PREMISES (Ea occurrence) 10,000 MED EXP (Any one person) Υ 6D39833 11/28/2023 1,000,000 Α 11/28/2024 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY LOC PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 \$ ANY AUTO BODILY INJURY (Per person) SCHEDULED OWNED 6E39833 AUTOS ONLY HIRED 11/28/2023 11/28/2024 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY AUTOS ONLY (Per accident) \$ UMBRELLA LIAB 2,000,000 OCCUR EACH OCCURRENCE **EXCESS LIAB** 6J39833 11/28/2023 11/28/2024 2,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$
WORKERS COMPENSATION \$ X STATUTE AND EMPLOYERS' LIABILITY 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT Ф 6H39833 11/28/2024 N/A 11/28/2023 OFFICER/MEMBER EXCLUDED? 500,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT Each Loss 1,000,000 Professional Liability 6K39833 11/28/2023 11/28/2024 2,000,000 Aggregate Claims Made

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

Wilmington Trust National Association is an Additional Insured under the Commercial General Liability on a Primary/Non-Contributory basis when required by written contract.

D&O Liability: \$1,000,000 per claims periods; This is built into the EMC Public Officials Liability (Linebacker). This is \$1M each loss/ \$2M aggregate. This goes beneath the \$2M umbrella; Employee Benefit Liability (\$1M per claim); \$1,000,000/Employee and \$2,000,000/Aggregate. \$2M umbrella goes over this as well; Employer's Liability: (\$1M per occ), \$500,000 limits with \$2M umbrella. Total per occurrence \$2.5M with umbrella. Crime/Emp. Dishonesty: (\$1M); \$50,000 Blanket (Per Employee); Crime/Forgery & Alteration (\$500K); not currently in place;

Crime/Money & Securities: (\$500K) \$10,000 included in school property coverage extension CP7123

CERTIFICATE HOLDER		CANCELLATION
Wilmington Trust National Association 650 Town Center Dr, Suite 800		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
030 TOWN Center DI, Suite 800		AUTHORIZED REPRESENTATIVE
Costa Mesa	CA 92626	6 hi