



CERTIFICATE OF LIABILITY INSURANCE

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.

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 North Risk Partners 2010 Centre Pointe Blvd. Mendota Heights MN 55120		CONTACT NAME: Jen Unterberger PHONE (A/C, No, Ext): (651) 379-7800 FAX (A/C, No): (651) 379-7801 E-MAIL ADDRESS: jen.unterberger@northriskpartners.com	
INSURED Fit Academy 7200 147th Street West Apple Valley MN 55124		INSURER(S) AFFORDING COVERAGE INSURER A: EMC Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 23/24**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6D39833	11/28/2023	11/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			6J39833	11/28/2023	11/28/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> 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 <input type="checkbox"/>	N / A	6H39833	11/28/2023	11/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability Claims Made			6K39833	11/28/2023	11/28/2024	Each Loss 1,000,000 Aggregate 2,000,000

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.

CERTIFICATE HOLDER**CANCELLATION**Augustana Health Care Center of Apple Valley
14650 Garrett Avenue

Apple Valley

MN 55124

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

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PRODUCER North Risk Partners 2010 Centre Pointe Blvd. Mendota Heights MN 55120	CONTACT NAME: Jen Unterberger PHONE (A/C, No, Ext): (651) 379-7800 E-MAIL ADDRESS: jen.unterberger@northriskpartners.com FAX (A/C, No): (651) 379-7801
INSURED Fit Academy 7200 147th Street West Apple Valley MN 55124	INSURER(S) AFFORDING COVERAGE INSURER A: EMC Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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Certificate Holder is an Additional Insured under the Commercial General Liability when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**Charter School Capital, CSP Charter 7200 147th, LLC
222 SW Columbia, Suite 1750

Portland

OR 97201

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INSURED Fit Academy 7200 147th Street West Apple Valley MN 55124	INSURER(S) AFFORDING COVERAGE INSURER A: EMC Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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CERTIFICATE HOLDER**CANCELLATION**Designs for Learning
2233 University W
Ste 450
Saint Paul MN 55114

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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**CANCELLATION**

Seventy-Two Hundred LLC Metro Equity LLC Post Office Box 967 Lakeville MN 55044	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
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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 Box 285 Minneapolis MN 55408	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
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INSURED Fit Academy 7200 147th Street West Apple Valley MN 55124	INSURER(S) AFFORDING COVERAGE INSURER A: EMC Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 23/24**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		6D39833	11/28/2023	11/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6E39833	11/28/2023	11/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			6J39833	11/28/2023	11/28/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<input checked="" type="checkbox"/> 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	N/A	6H39833	11/28/2023	11/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability Claims Made			6K39833	11/28/2023	11/28/2024	Each Loss 1,000,000 Aggregate 2,000,000

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 Costa Mesa CA 92626	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
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