

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/ccld.asp

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. Alternatively, the ACORD 25 (2009/09) Certificate of Liability Insurance form or similar acceptable form filed with the Department of Commerce may be used to provide evidence of generally liability insurance coverage.)

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

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.

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	20629395	CT2340577	
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.)		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
EHLIS PROPERTY GROUP LLC		10/01/2010	10/10/2011
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	
5648 HUMBOLT AVENUE SOUTH		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.
MINNEAPOLIS	MN	55419	
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	NAIC ID
CITY		INTEGRITY INSURANCE	
STATE		INSURANCE AGENT'S NAME (Print)	
ZIP CODE		JAMES F TIPPING	
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 checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-resident
		49210	
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
Cancellation Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.		Landmark INSURANCE SERVICES	(651) 464-5468
ADDRESS		232 LAKE STREET SOUTH	
CITY	STATE	ZIP CODE	
FOREST LAKE	MN	55025	
INSURANCE AGENT'S SIGNATURE		DATE	
 Certificate Holder		06/09/2011	

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