

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

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

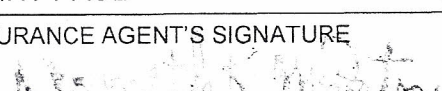
Form must be completed by the insurance agent or insurance company, not by the business/contractor.

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.

LICENSE TYPE		LICENSE NO (if applicable)		POLICY NUMBER (pending is not acceptable)	
Residential Contractor/Remodeler				L140001155	
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)
CLAIM PRO CONSTRUCTION, LLC.				06/14/2011	06/14/2012
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.	
CLAIM PRO ROOFING & SIDING				STATUTORY REQUIREMENT	
STREET ADDRESS (no PO Box)				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.	
14426 BROOKMERE BLVD				This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
CITY	STATE	ZIP CODE		NAME OF INSURANCE COMPANY	
PRIOR LAKE	MN	55372		ATLANTIC CASUALTY INSURANCE COMPANY	
MAILING ADDRESS (if different from above)				INSURANCE AGENT'S NAME (Print)	
CITY				KENNETH MCINTOSH	
STATE				MN	
ZIP CODE				55103	
Data Practices Notice				MN INSURANCE AGENT'S LICENSE NO.	
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.				27863	
Cancellation				NAME OF INSURANCE AGENCY/CO.	
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.				UNIDALE INSURANCE AGENCY	
				PHONE NUMBER	
				(651) 227-8251	
				ADDRESS	
				575 UNIVERSITY AVENUE	
				CITY	STATE
				SAINT PAUL	MN
				ZIP CODE	55103
				INSURANCE AGENT'S SIGNATURE	DATE
					06/14/2011

OFFICE USE ONLY
Date of DLI Receipt

Certificate Holder

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155