

**GBROMENSCHENKEL** 



## CERTIFICATE OF LIABILITY INSURANCE

7/1/2025

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).

		ROGATION IS WAIVED, subject rtificate does not confer rights to				ıch end	dorsement(s)		require an en	dorsemen	it. A S	statement on	
PRODUCER Christensen Group, Inc. 9855 W 78th Street Suite 100 Eden Prairie, MN 55344-8004							CONTACT Wesley Slaughter						
							PHONE (A/C, No, Ext): (952) 653-0114 FAX (A/C, No):						
							E-MAIL ADDRESS: wslaughter@christensengroup.com						
Eue	ii Fia	irie, Min 55544-6004				INSURER(S) AFFORDING COVERAGE					NAIC #		
						INSURER A : Federal Ins. Co.						20281	
INSURED							INSURER B: Underwriters at Lloyds, London					15792	
Argos Risk, LLC 7300 Metro Blvd						INSURER C:							
		Suite 360				INSURE	RD:						
		Edina, MN 55439				INSURER E :							
						INSURER F:							
CC	VERA	AGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:			
II C	NDICAT ERTIF	TO CERTIFY THAT THE POLICIENTED. NOTWITHSTANDING ANY RESTRICTED OR MAY BE ISSUED OR MAY BIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	ECT TO	O WHICH THIS	
INSR TYPE OF INSURANCE			ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
A	· <del>                                      </del>			WVVD			(IVIIVI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE \$			1,000,000	
		CLAIMS-MADE X OCCUR			35924890		7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)			1,000,000 10,000	
	<u> </u>								MED EXP (Any on	e person)	\$	1,000,000	
									PERSONAL & ADV	/ INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGRE	GATE	\$	1,000,000	
		POLICY PRO- LOC OTHER:							PRODUCTS - COM	MP/OP AGG	\$	1,000,000	
	AUTOMOBILE LIABILITY								COMBINED SINGI (Ea accident)	E LIMIT	\$		
	ANY AUTO								BODILY INJURY (I	Per person)	\$		
	OWNED SCHEDULED AUTOS								BODILY INJURY (I	Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	AGE	\$		
		/ ABY GO GINE!									\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$									\$		
	WORK	ERS COMPENSATION MPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCID		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		\$		
									E.L. DISEASE - POLICY LIMIT				
В				ESN0140173069			12/10/2024	12/1/2025	E&O Aggrega	ate		1,000,000	
B Tech E&O					ESN0140173069		12/10/2024	12/1/2025	Cyber Aggree	gate		1,000,000	
DES	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	0 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)				
CERTIFICATE HOLDER  Proof Of Insurance							CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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ACORD 25 (2016/03)