



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2019

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 Ideal Insurance Agency 33 10th Ave South #110  Hopkins MN 55343	CONTACT NAME: Dianne Bridenstine	PHONE (A/C, No, Ext): (952) 314-1460	FAX (A/C, No): (612) 395-5233
	E-MAIL ADDRESS: di@signatureinsgroup.com		
INSURED  BRATT TREE COMPANY INC. DBA Emery's Tree Service 2423 E 26th Street Minneapolis MN 55406	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Cincinnati Specialty Underwriters		13037
	INSURER B: Amerisafe		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

## COVERAGES

CERTIFICATE NUMBER: 19-20 Bratt Emery GL WC

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			CSU0098844	05/06/2019	05/06/2020	EACH OCCURRENCE \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			CSU0102139	05/06/2019	05/06/2020	EACH OCCURRENCE \$ 1,000,000	
	DED RETENTION \$							AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AVWCMN2775702019	03/08/2019	03/08/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	Y/N Y							E.L. EACH ACCIDENT \$ 100,000
								E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

City of Maple Grove  
12800 Arbor Lakes Pkwy  
  
Maple Grove MN 55369

## 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.

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/30/2019

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.

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<b>PRODUCER</b> Mckee & Andrews Insurance Agency 15600 35th Ave. N. Suite 202  Minneapolis MN 55447		<b>CONTACT NAME:</b> Dianne Bridenstine <b>PHONE (A/C, No, Ext):</b> (952) 314-1460 <b>E-MAIL ADDRESS:</b> dl@mckeeandandrews.com <b>FAX (A/C, No):</b> (612) 395-5233	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Auto Owners Insurance Company	<b>NAIC #</b> 18988
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	


**COVERAGES**                      **CERTIFICATE NUMBER:** 19-20 Bratt Emery Auto                      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			9675005000	10/21/2019	10/21/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

City of Maple Grove 12800 Arbor Lakes Pkwy  Maple Grove MN 55369	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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► **MINNESOTA BUSINESS TAX IDENTIFICATION LAW**

Pursuant to Minnesota Statute 270C.72 (Tax clearance; issuance of licenses), Subd.4. **All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications (include Federal Tax number).**

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

Applicant's name (LAST, first, middle initial) <b>Walsh, Connor</b>				*Social Security Number <b>470-21-2361</b>	
Home address <b>4544 43rd Ave.S</b>		City <b>Mpls</b>	State <b>MN</b>	Zip code <b>55406</b>	Phone number <b>(612) 328-5670</b>
Business name <b>Bratt Tree Company</b>			Type of license applied for: <b>TREE REMOVAL &amp; TREATMENT</b>		
Business address <b>2423 E 26th St</b>		City <b>Mpls</b>	State <b>MN</b>	Zip code <b>55406</b>	Phone number <b>(612) 921-4153</b>
Minnesota Tax Identification Number (or explain why you don't have one)				Federal Tax Identification Number <b>41-1753893</b>	

\*If company stock is publicly exchanged, you may omit submitting this Social Security information.

► **WORKERS' COMPENSATION INSURANCE COVERAGE LAW**

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in its company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Section 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Worker's Compensation Insurance Company Name (not agent's name): <b>AMERISAFE</b>	Policy Number: <b>AVNCMN277570-2019</b>	Dates of coverage: From <b>3/8/19</b> To <b>3/8/20</b>
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OR, I certify that I am not required to carry worker's compensation insurance because (check one):

- I am the sole proprietor and have no employees
- I am self insured (For this category, you must include a copy of the permit to self-insure.)
- I have no employees who are covered by workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include: spouse, parents, children – regardless of age, and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.)

► I certify that all information provided above is accurate and complete. I also certify that a valid workers' compensation policy will be kept in effect at all times, as required by law.

Signature: Connor Walsh Date: 10/1/2019

**DATA PRACTICES ADVISORY  
TENNESSEN WARNING – PERMITS AND LICENSES**

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota state law and/or the Wayzata City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the "Act"). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. § 13.41, subd. 2; Minn. Stat. § 13.37, subd. 1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Wayzata may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

**Certification:** I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Wayzata.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

Connor Walsh  
Signature

10/1/2019  
Date

Connor Walsh  
Print Name

CEO  
Print Title

Bratt Tree Company  
Establishment Name (DBA) or Trade Name