

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2010

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 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 CON MARK									oiney				
Cartier Agency							CONTACT Lori Soiney NAME: PHONE [A/C, No, Ext): (218) 727-5992 [A/C, No, Ext): (218) 727-8501						
2631 West Superior Street							E-MAIL (A/C, No): 1227/22 5001						
P. O. Box 16567								PRODUCER CUSTOMER ID # 00003748					
Duluth MN 55816-0567							INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURED							INSURER A: First Nonprofit Mutual Ins Co				IVAIC #		
							INSURER B:						
Northwood Children's Services 714 West College Street								INSURER C:					
								INSURER D :					
							INSURER E ;						
Duluth MN 55811-4910							INSURER F:					<u> </u>	
COVERAGES CERTIFICATE NUMBER:CL101112									REVISION NUMBER:				
C	NDIC/ ERTI XCLU	ATED. NOTWITHST FICATE MAY BE IS JSIONS AND CONDI	ANDING ANY F SUED OR MAY TIONS OF SUC	EQUI PER POL	REME TAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF AN	NY CONTRAC ' THE POLICI REDUCED B	T OR OTHER ES DESCRIBE Y PAID CLAIM	ED NAMED ABOVE FOR DOCUMENT WITH RESPECT SUBJECT S.	COT TO	O MALICH THIS	
INSR LTR		TYPE OF INSUR	RANCE		WVD			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
	-	NERAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY								9/30/2011	PREMISES (Ea occurrence)	\$	100,000	
		CLAIMS-MADE X OCCUR X Professional				TMP2217634		9/30/2010		MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	X	Abuse/Molesta			ĺ			Ì	Ì	GENERAL AGGREGATE	\$	3,000,000	
	GEN X	VL AGGREGATE LIMIT A POLICY PRO- JECT	PPLIES PER: LOC						Add in the Add	PRODUCTS - COMP/OP AGG	\$	3,000,000	
Α	AUTOMOBILE LIABILITY ANY AUTO									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	х					TAPC2207125	ļ	9/30/2010	9/30/2011	BODILY INJURY (Per person)	\$		
	SCHEDULED AUTOS						7	373072020	7,30,2011	BODILY INJURY (Per accident)	\$		
	x	X HIRED AUTOS								PROPERTY DAMAGE (Per accident)	\$		
	X	NON-OWNED AUTOS]				-	Uninsured motorist combined	\$	1,000,000	
			· · · · · · · · · · · · · · · · · · ·							Underinsured motorist	\$	1,000,000	
	X	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	3,000,000	
	<u></u>	EXCESS LIAB	CLAIMS-MAD	Ξ.						AGGREGATE	\$	3,000,000	
		DEDUCTIBLE								7778///2720	\$		
A	X	RETENTION \$	10,000	ļ	-	UXL2207196		9/30/2010	9/30/2011		\$		
		RKERS COMPENSATION EMPLOYERS' LIABILIT								WC STATU- OTH- TORY LIMITS ER			
	ANY	PROPRIETOR/PARTNER	EXECUTIVE THE	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE	\$		
	DES	CRIPTION OF OPERATION	DNS below	ļ				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E.L. DISEASE - POLICY LIMIT	\$		
	<u> </u>												
DES	CRIPT	ION OF OPERATIONS / L	LOCATIONS / VEHI	CLES	(Attach	ACORD 101, Additional Remarks	s Schedu	le, if more space	e is required)				
CE)TIE	ICATE HOLDER					CANC	>= 1 4 T(0)1			····		
Verification							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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Joseph Jeannette/LAS