



JROBERTS

10/21/2025

PRODUCER Christensen Group, Inc. 9855 W 78th Street Suite 100 Eden Prairie, MN 55344-8004		CONTACT NAME: Jennifer Roberts PHONE (A/C, No, Ext): (952) 653-0124 E-MAIL ADDRESS: jroberts@christensengroup.com FAX (A/C, No):	
INSURED 22nd Century Roofing LLC DBA 123Gutters 9303 Plymouth Ave N, #101 Golden Valley, MN 55427		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Evanston Insurance Company	
		INSURER B : West Bend Ins Co	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
		NAIC #	
			35378
			15350

INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X	COMMERCIAL GENERAL LIABILITY					MKLV3PBC003833	9/22/2025	9/22/2026	EACH OCCURRENCE		\$ 1,000,000	
		CLAIMS-MADE	X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000	
										MED EXP (Any one person)		\$	
										PERSONAL & ADV INJURY		\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE					\$ 2,000,000			
		POLICY	X	PRO-JECT						LOC	PRODUCTS - COMP/OP AGG		\$ 2,000,000
		OTHER:										\$	
												\$	
B	AUTOMOBILE LIABILITY					B468350	9/22/2025	9/22/2026	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000		
		ANY AUTO OWNED AUTOS ONLY	X	SCHEDULED AUTOS					BODILY INJURY (Per person)		\$		
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)		\$		
									PROPERTY DAMAGE (Per accident)		\$		
											\$		
		UMBRELLA LIAB			OCCUR				EACH OCCURRENCE		\$		
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE		\$		
		DED		RETENTION \$							\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N / A	B470287	9/22/2025	9/22/2026	X	PER STATUTE		OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT	\$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
										E.L. DISEASE - POLICY LIMIT	\$ 500,000		



ADDITIONAL REMARKS SCHEDULE

AGENCY Christensen Group, Inc.		NAMED INSURED 22nd Century Roofing LLC DBA 123Gutters 9303 Plymouth Ave N, #101 Golden Valley, MN 55427
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

MN SL
THIS INSURANCE IS ISSUED PURSUANT TO THE MINNESOTA SURPLUS LINES INSURANCE ACT. THE INSURER IS AN ELIGIBLE SURPLUS LINES INSURER BUT IS NOT OTHERWISE LICENSED BY THE STATE OF MINNESOTA. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED.

Additional Named Insureds

Other Named Insureds

123 Gutters

Doing Business As