

Legal Memo

Insurance Requirements for Timber and Aggregate Contractors

May 3rd, 2018

The minimum insurance requirements as stated in the 2012 policy below was reviewed and still in effect for timber and aggregate contractors doing business on state tax forfeited lands.



Saint Louis County

Land and Minerals Dept. • www.stlouiscountymn.gov • landdept@stlouiscountymn.gov

Robert L. Krepps
Land Commissioner

MEMO

TO: Timber Sale and Aggregate Contract Holders

FROM: Robert Krepps, Land Commissioner

DATE: October 4, 2012

RE: Tort Liability Insurance Requirements

On **September 25, 2012**, the St. Louis County Board adopted Resolution No. 12-515, reducing tort liability insurance requirements for timber sale and aggregate contractors in St. Louis County. The St. Louis County Land and Minerals will require the following insurance:

General Liability Insurance

- \$300,000 for claims for wrongful death and each claimant for other claims;
- \$1,000,000 each occurrence;
- No less than \$2,000,000 Aggregate coverage;
- Policy shall include at least premises, operations, completed operations, and contractual liability and environmental liability.

Business Automobile Liability Insurance

- \$300,000 for claims for wrongful death and each claimant for other claims;
- \$1,000,000 each occurrence;
- Must cover all vehicles on site, including owned, non-owned and hired vehicles.

That this tort liability insurance requirement shall be the policy of the St. Louis County Board until such time as representatives of the Minnesota timber industry contractors are successful in receiving relief from the state legislature from the maximum tort liability insurance requirements established in Minn. Stat. § 466.04. Thank you and if you have any questions please contact one of our offices at the numbers listed below.

Land Commissioner's Office
320 W 2nd Street, GSC 607
Duluth, MN 55802
(218) 726-2606
Fax: (218) 726-2600

Pike Lake Area Office
5713 Old Miller Trunk Hwy
Duluth, MN 55811
(218) 625-3700
Fax: (218) 625-3733

Virginia Area Office
7820 Highway 135
Virginia, MN 55792
(218) 742-9898
Fax: (218) 742-9870

"Trust Lands, Managed For The People Of This County"



EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2019

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	Insurance Company Name Address City, State Zip	CONTACT NAME:	
		PHONE (A/C, No, Ext): (218) XXX-XXXX	FAX (A/C, No): (218) XXX-XXXX
INSURED	Your Company Name Address City, State Zip	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

CERTIFICATE NUMBER:

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			CPP XXXXX	6/12/2019	6/12/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPP XXXXX	6/12/2019	6/12/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	XXXXXXXXX <i>If Applicable</i>	6/12/2019	6/12/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
This Certificate provides Evidence of Insurance.

RECEIVED

JUN 27 2019

CERTIFICATE HOLDER

St. Louis County
Land & Minerals Dept.
Address
City, State Zip

LAND DEPT-VA

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