



CERTIFICATE OF PROPERTY INSURANCE

OP ID: TM

DATE (MM/DD/YYYY)

03/12/12

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER 952-947-9700 RJ Ahmann Company 7555 Market Place Drive Eden Prairie, MN 55344 Andrew Krane		CONTACT NAME: PHONE (A/C, No. Ext): 952-947-9793 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: ZSYST-1	FAX (A/C, No.):
INSURED Named Insured 123 Main Street Minneapolis, MN 55401	INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 11000

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	Policy Number	07/01/11	07/01/12	<input checked="" type="checkbox"/> BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$	
		CAUSES OF LOSS					DEDUCTIBLES	\$ 100,000
	<input type="checkbox"/>	BASIC					BUILDING	\$
	<input type="checkbox"/>	BROAD					CONTENTS	\$
	<input checked="" type="checkbox"/>	SPECIAL					1,000	\$
	<input type="checkbox"/>	EARTHQUAKE						\$
	<input type="checkbox"/>	WIND						\$
	<input checked="" type="checkbox"/>	RC						\$
A	<input checked="" type="checkbox"/>	INLAND MARINE	TYPE OF POLICY	07/01/11	07/01/12	Leased or Rented Eq.	\$ 10,000	
		CAUSES OF LOSS	POLICY NUMBER				Policy Number	\$
	<input type="checkbox"/>	NAMED PERILS					\$	
	<input checked="" type="checkbox"/>	Special					\$	
	<input type="checkbox"/>	CRIME					\$	
	<input type="checkbox"/>	TYPE OF POLICY					\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
	<input type="checkbox"/>						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is Loss Payee with respect to Leased Equipment.

CERTIFICATE HOLDER Z Systems, Inc. 3724 Oregon Avenue South St. Louis Park, MN 55426	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 Andrew Krane
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