CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2026

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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
							TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

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

CERTIFICATE HOLDER

Blue Cross Blue Shield of Wisconsin dba Anthem Blue Cross and Blue Shield
N17W24340 Riverwood Drive
Waukesha, WI 53188

CANCELLATION

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ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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CERTIFICATE HOLDER

Midwest Manufacturing
6765 Highway 14 East
Rochester, MN 55904

CANCELLATION

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3195 Neil Armstrong Blvd.
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CERTIFICATE HOLDER

Outreach Health Services
204 3rd Avenue West, Suite 110
Osceola, WI 54020

CANCELLATION

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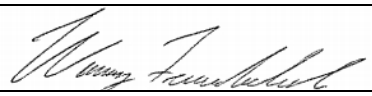
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Dakota County
1 Mendota Rd. W., Suite 500
West St. Paul, MN 55118

CANCELLATION

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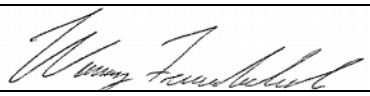
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CERTIFICATE HOLDER

Dakota County
1590 Highway 55
Hastings, MN 55033

CANCELLATION

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:			NP0140-26	06/01/2026	06/01/2027	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
							TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
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A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
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A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

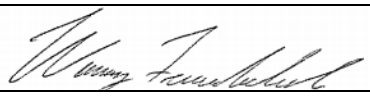
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: PROACT, INC. 204 Mississippi Ave., Red Wing, MN 55066

CERTIFICATE HOLDER

DHS - Provider Enrollment
PO Box 64987
St. Paul, MN 55164

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.



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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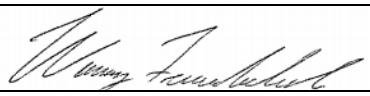
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CERTIFICATE HOLDER

AmericInn-Red Wing
1819 Old W Main St.
Red Wing, MN 55066

CANCELLATION

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21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
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INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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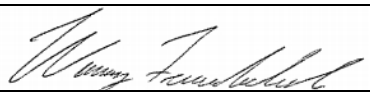
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CERTIFICATE HOLDER

Walgreens-Savage
8100 W County Rd 42
Savage, MN 55378

CANCELLATION

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INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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

CERTIFICATE HOLDER

YMCA-Burnsville
13850 Portland Ave S.
Burnsville, MN 55337

CANCELLATION

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STE 107
LAKEVILLE, MN 55044-8093

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Eagan, MN 55121

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CERTIFICATE HOLDER

Hardware Hank
1320 Duckwood Drive
Eagan, MN 55123

CANCELLATION

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							PRODUCTS - COMP/OP AGG	$3,000,000
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A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

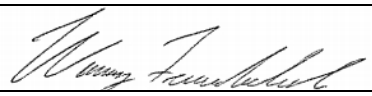
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

ID Technology, LLC (a division of Pro Mach Inc.)
6290 Claude Way E.
Inver Grove Heights, MN 55076

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.



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2026

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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:			NP0140-26	06/01/2026	06/01/2027	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
							TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
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							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as an additional insured per NIT-Add2a.

CERTIFICATE HOLDER

Emergency Clown Nose Co. LLC
4244 Garfield Ave.
Minneapolis, MN 55409

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.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2026

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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

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INSURER A:	Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:			NP0140-26	06/01/2026	06/01/2027	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
							TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder named as an additional insured per NIT-ADD2a

CERTIFICATE HOLDER

Watkins Incorporated
150 Liberty Street
Winona, MN 55987

CANCELLATION

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

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INSURER A: Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:			NP0140-26	06/01/2026	06/01/2027	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
							TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

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

CERTIFICATE HOLDER

ProAct, Inc.
3195 Neil Armstrong Blvd
Eagan, MN 55121-2256

CANCELLATION

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:	
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INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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							PRODUCTS - COMP/OP AGG	$3,000,000
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A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
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A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
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A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fidelity coverage for the ProAct, Inc. 401k plan

CERTIFICATE HOLDER

Capital Safety
3849 Sala Way
Red Wing, MN 55066-5005

CANCELLATION

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INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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A	CYBER LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fidelity coverage for the ProAct, Inc. 401k plan

CERTIFICATE HOLDER

City of Red Wing
229 Tyler Rd N
Red Wing, MN 55066-1826

CANCELLATION

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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
							TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
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A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

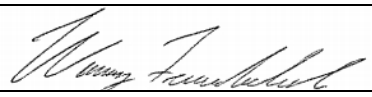
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Drybag Steak LLC
7600 W 27TH ST STE A4
MINNEAPOLIS, MN 55426-3146

CANCELLATION

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STE 107
LAKEVILLE, MN 55044-8093

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INSURER F:	

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fidelity coverage for the ProAct, Inc. 401k plan

CERTIFICATE HOLDER

DARTS
1645 Marthaler Ln
W St Paul, MN 55118-3517

CANCELLATION

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3195 Neil Armstrong Blvd.
Eagan, MN 55121

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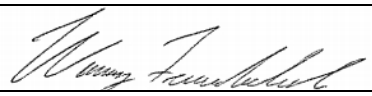
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: PROACT, INC. NEW OPTIONS 792 CANTERBURY RD. STE. 132 SHAKOPEE, MN 55379

CERTIFICATE HOLDER

DHS-Provider Eligibility and Compliance
PO BOX 64987
SAINT PAUL, MN 55164-0987

CANCELLATION

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Eagan, MN 55121

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fidelity coverage for the ProAct, Inc. 401k plan

CERTIFICATE HOLDER

Goodhue School DistrictSpecial Education
601 Buchanan St
Red Wing, MN 55066-2093

CANCELLATION

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CERTIFICATE HOLDER

Goodhue County Health & Human Services Public Health
512 W 6th St
Red Wing, MN 55066-2855

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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	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:			NP0140-26	06/01/2026	06/01/2027	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
							TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

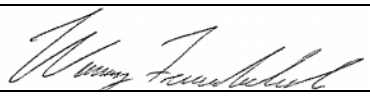
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as an additional insured.

CERTIFICATE HOLDER

ProAct, Inc.
204 Mississippi Ave
Red Wing, MN 55066-1807

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.



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2026

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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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							PRODUCTS - COMP/OP AGG	$3,000,000
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A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fidelity coverage for the ProAct, Inc. 401k plan

CERTIFICATE HOLDER

Goodhue County Health & Human Services Gaye Ruhlach
509 W 6th St Suite 104
Red Wing, MN 55066-2608

CANCELLATION

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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

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INSURER A: Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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							PROPERTY DAMAGE (Per accident)	
A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
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							E.L. DISEASE - POLICY LIMIT	
A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fidelity coverage for the ProAct, Inc. 401k plan

CERTIFICATE HOLDER

Recyling Association of Minnesota
852 Lake St E Unit B
Wayzata, MN 55391-4524

CANCELLATION

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21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
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A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
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A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as an additional insured.

CERTIFICATE HOLDER

Red Wing Family YMCA - Attn: Elaine O'Keefe
434 Main St
Red Wing, MN 55066-2323

CANCELLATION

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21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
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INSURER A:	Benchmark Insurance Company/NP Insurance Group, LLC.	
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INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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

CERTIFICATE HOLDER

Prescott High School
Special Education
1120 St. Croix Street
Prescott, WI 54021

CANCELLATION

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A	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $0						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			06/01/2026		☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	
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A	FIDELITY/EMPLOYEE DISHONESTY							
A	PROFESSIONAL LIABILITY							
A	CYBER LIABILITY							

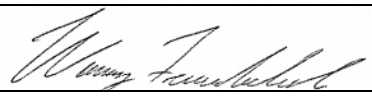
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Reese Enterprises, IncJames Kinville
16350 Asher Ave E PO Box 459
Rosemount, MN 55068-6000

CANCELLATION

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04/24/2026

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PRODUCER

NPIA, INC, - NONPROFITS' INSURANCE AGENCY
21034 HERON WAY
STE 107
LAKEVILLE, MN 55044-8093

CONTACT NAME: MIKE STEVENS
PHONE (A/C. No. Ext): (952) 469-5963 FAX (A/C. No): 952-469-4553
E-MAIL ADDRESS: MSTEVENS@NPIAINC.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Benchmark Insurance Company/NP Insurance Group, LLC.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☐ ____ ☐ ____ GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:			NP0140-26	06/01/2026	06/01/2027	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
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							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
							TENANT PROPERTY DAMAGE	$10,000
A	AUTOMOBILE LIABILITY ☑ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			NP0140-26	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
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							BODILY INJURY (Per accident)	
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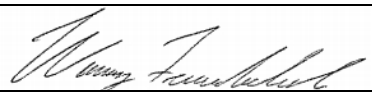
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fidelity coverage for the ProAct, Inc. 401k plan

CERTIFICATE HOLDER

ProAct - Hudson
1202 Beaudry Blvd
Hudson, WI 54016-9118

CANCELLATION

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21034 HERON WAY
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LAKEVILLE, MN 55044-8093

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INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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							PRODUCTS - COMP/OP AGG	$3,000,000
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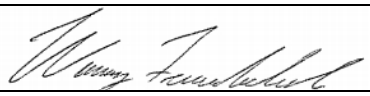
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Cannon Falls Schools
820 MINNESOTA ST E
CANNON FALLS, MN 55009-2225

CANCELLATION

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ProAct, Inc.
3195 Neil Armstrong Blvd.
Eagan, MN 55121

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

CERTIFICATE HOLDER

Blue Cross Blue Shield of Wisconsin dba Anthem Blue Cross and Blue Shield
N17W24340 Riverwood Drive
Waukesha, WI 53188

CANCELLATION

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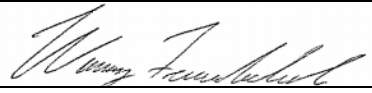
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Provider Data Management/Contract Load Professional | Inclusa Family Care
Independent Care Health Plan (iCare), a Humana Inc. subsidiary
2801 Hoover Rd. Unit 3
Stevens Point, WI 54481

CANCELLATION

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