Crisis Housing Fund

Employee Dishonesty Certification Agreement

The Applicant Agency agrees to keep in force a blanket employee theft/dishonesty policy in at least the total amount of the requested financial assistance in the Crisis Housing Fund application(s). The policy shall be included as an addendum on the Applicant Agency’s commercial property insurance policy, or, if that is not feasible, as a stand-alone employee theft/employee dishonesty policy. The Minnesota Department of Human Services (DHS) will be named as both a joint loss payee and the certificate holder on the commercial property insurance policy addendum or the stand-alone employee theft/employee dishonesty policy, whichever is applicable. DHS will not seek to collect funds distributed by Applicant Agency’s insurance company unless those funds were distributed in connection with a claim involving funds distributed by the Crisis Housing Fund program. This agreement will be effective upon the date execution, and shall remain in effect through July 1, 2020. Upon execution of this agreement, the Applicant Agency shall furnish DHS with a certificate of employee theft/employee dishonesty insurance.

For Tribal Nations or County Agencies:

If the Applicant Agency’s insurer is unable to name the Minnesota Department of Human Services (DHS) as a joint loss payee on its employee theft/employee dishonesty policy, the Applicant Agency certifies that it will remit to DHS, immediately upon receipt from its insurer, any and all funds due in connection with a claim involving funds distributed by the Crisis Housing Fund Program.

If the Applicant Agency is a self-insurer, the Applicant Agency certifies that it will distribute remit to DHS, within 30 days of claim settlement, any and all funds due in connection with a claim involving funds distributed by the Crisis Housing Fund Program.

This agreement will be effective upon the date execution, and shall remain in effect through July 1, 2021.

Should you have questions or concerns about this new policy, or should you or your insurer require additional information, please feel free to contact the Crisis Housing Program Administrator at nellie@hearthconnection.org or 651-369-1487.

Please send (via mail, email or fax) a copy of this form along with the insurance agreement (if applicable):

Hearth Connection
Attn: Crisis Housing Fund
2446 University Avenue W
Suite 150
Saint Paul, MN 55114
Fax: 651-645-0677
Email: crisishousing@hearthconnection.org

Agency Name: ___________________________________________________________

(Applicant Agency Representative) (Date)

Signature: ________________________________________________________________
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 ON 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
NPIA, INC. - NONPROFIT INSURANCE AGENCY
21034 HERON WAY, STE 107
LAKEVILLE, MN 55044-9093

CONTACT
NAME:
PHONE
FAX
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE
NAIC #

INSURER A: NONPROFIT INSURANCE TRUST

COVERAGES

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.

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

CARETIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED PER NIT-ADD2A INCLUDING FIDELITY/EMPLOYEE DISHONESTY

CERTIFICATE HOLDER

MINNESOTA DEPT OF HUMAN SERVICES
444 LAFAYETTE RD N
SAINT PAUL, MN 55155-3602

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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