SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE CERTIFICATE OF COVERAGE

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 Risk Sharing Certificate listed below.

NAME AND ADDRESS OF MEMBER: City of Mitchell

	612	612 N. Main St., Mitchell, SD 57301			
RISK SHARING/MEMBER NO.:		-			
Notwithstanding any req	uirement, term or condit e afforded by the Risk S	ion of any contract or charing Certificate desc	other documen ribed herein is	the Member named above and is in force at this time. In the with respect to which this Certificate may be issued on its subject to all the terms, exclusions and conditions of ssued.	or
EFFECTIVE DATES	TYPE OF COVERAGE	E LIM	IT OF COVE	ERAGE	
<u>1/01/2021 -</u>	Governmental General	Liability			
1/01/2022	General Cvg	\$		Each Occurrence Deductible Each Claim Including LAE	
1/01/2021 -	Governmental Automol	oile Liability			
<u>'01/2022</u>	General Cvg	\$		Each Occurrence Deductible Each Claim Including LAE	
1/01/2021 -	Municipal Property				
1/01/2022					
	Buildings - Blanke Coverage	\$10	3,899,632	\$5,000 Deductible	
	Contents - Blanke Coverage	et <u>\$1</u>	3,229,081	\$5,000 Deductible	
				rage afforded by the coverage document. In the event red in accordance with the coverage provisions.	
NAME AND ADDRESS OF CERTIFICATE HOLDER:		OLDER:	DATE ISSUED: <u>2/05/2021</u>		
City of Mitchell 612 N. Main St.			David a Afferfice		
Mitchell, SD 57301			Authorized l	Représentative	
		····	5024 Bur	akota Public Assurance Alliance r Oak Place, Suite 103 alls, SD 57108	