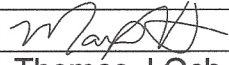



COVID-19 EMERGENCY
County Manager Request for Signature Form – Over \$10,000

Request for Signature	
1. Type of document	PSA
2. Aspen PO/contract/document number	FASD COVID19-0009
3. Original contract number	
4. Contractor or grantor name	Capitol Ridge LLC d/b/a/ Best Western Plus Capitol Ridge
5. Contractor Aspen ID # and CERT SVN and/or DUN #	204909
6. Requesting business unit/s	
7. Authority (required - DO NOT leave blank)	Admin Code:
	Resolution Number: B2020-061 Amendment #2:
8. Program/project/service/grant name	Hotel/Motel Rooms for homeless, single adults.
9. Brief description of goods, services or grant duties (will be used for the County Board monthly contract report)	Leasing up to 92 hotel/motel rooms and up to 33 additional rooms (upon availability of additional rooms, with 48 hours prior notice) for homeless, single adults due to COVID-19.
10. Original contract start date	05/24/2020
11. Original contract end date	11/30/2020
12. Amendment number and amendment start date	Amendment #1: 12/01/2020 – 12/31/2020 Amendment #2 Start Date: 01/01/2021
13. Amendment end date	05/31/2021
14. Contract type	Rate Setting
15. Original contract amount	Single/Double Room = \$72.00/day Meals = \$32.36/per person/day with a minimum of 46 meals each day NTE: \$840,010
16. Previous amendment(s) total	\$297,635
17. Amendment amount	92 Rooms/Meals = \$1,542,060 OR 125 Rooms/Meals = \$2,356,076
18. New total contract value	92 Rooms/Meals = \$2,679,705 OR 125 Rooms/Meals = \$3,493,721
19. Funding string	11102-600780-452505-P070517-ER12X-2020 Amendment #2:
Funding source	
20. Revenue agreement budgeted amount	
21. County contact and phone number	Naly Yang 651 266-4106
22. Signatures	
Department Preparer	Naly Yang Date: 12/14/2020
Department Director	 Date: 12/14/2020
Finance Analyst	Thomas J Och Date: 12/14/2020
Attorney	 Date: 12/14/2020

Second Amendment to FASD COVID 19-0009

1. The parties agree to amend the Agreement as follows:

This is the Second Amendment ("Second Amendment") to the Ramsey County Lease Agreement, contract number FASD COVID 19-0009 between Ramsey County and Capitol Ridge, LLC d/b/a Best Western Plus Capitol Ridge ("Contract Vendor") dated May 20, 2020 ("Contractor").

Under the lease agreement, the Contracted Vendor agreed to lease 92 hotel/motel rooms to the County at the property referenced in Contract FAD COVID19-0009. The Owner also agreed to provide up to twenty-three (23) additional rooms, depending on Owner availability ("Additional Rooms").

The parties agree to amend the contract as following:

1. Section 2. Description of the Premises. The parties have agreed to increase the number of additional rooms from twenty-three (23) to thirty-three (33), depending on Owner availability ("Additional Rooms").
 2. Section 8. Term of Agreement. The parties have agreed to an extension of another 5 month(s), from January 1, 2021, through May 31, 2021. The parties shall agree to any additional extension of the term in writing no later than 2 days prior to the expiration of the then current term.
 3. Effective date is January 1, 2021.
2. Except as modified herein, the terms of the Agreement shall remain in full force and effect.

The remainder of this page is intentionally left blank.



SIGNATURES

COUNTY OF RAMSEY

By: _____

Date: _____

Ryan T. O'Connor
Its County Manager


CAPITOL RIDGE, LLC d/b/a BEST WESTERN PLUS CAPITOL RIDGE

By:  _____

Date: 12/14/2020

Mike Berkopec
Its: Business Manager

APPROVED AS TO FORM



Amy K.L. Schmidt
ASSISTANT RAMSEY COUNTY ATTORNEY

DATE: 12/14/2020

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Capitol Ridge, LLC	
2 Business name/disregarded entity name, if different from above Best Western Plus Capitol Ridge	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► P Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 161 St. Anthony Avenue, Suite 925	Requester's name and address (optional)
6 City, state, and ZIP code St. Paul, MN 55103	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
4	7		-	2	0	0	8	2	1	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

11/5/19

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/28/2020

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 FALCON WEST INSURANCE BROKERS, INC. License # 0616640 2525 Camino Del Rio S Ste 100 San Diego CA 92108	CONTACT NAME: Justin Holguin PHONE (A/C, No, Ext): (619) 297-9181 FAX (A/C, No): (619) 297-3366 E-MAIL ADDRESS: justinh@falconwest.com																					
INSURED Wheelhouse Capital, LLC; Capitol Ridge, LLC dba: Best Western Plus Capitol Ridge 161 Saint Anthony Ave Ste 925 St Paul MN 55103-2450	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Nationwide Mutual</td><td>23787</td></tr><tr><td>INSURER B:</td><td>National Surety Corp</td><td>21881</td></tr><tr><td>INSURER C:</td><td>Milford Casualty Insurance Company</td><td>26662</td></tr><tr><td>INSURER D:</td><td>Travelers Cas & Surety Co of America</td><td>31194</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Nationwide Mutual	23787	INSURER B:	National Surety Corp	21881	INSURER C:	Milford Casualty Insurance Company	26662	INSURER D:	Travelers Cas & Surety Co of America	31194	INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 20-21 Cap. Ridge Master**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ACP3028676972	05/12/2020	05/12/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACP3028676972	05/12/2020	05/12/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			USL00646220U	05/12/2020	05/12/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	MWC1030429	05/12/2020	05/12/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Data Breach, Privacy, and Security Liab./ Cyber; Retro Date: 5/12/2015			106311108	05/12/2020	05/12/2021	Aggregate 1,000,000 Each Claim 1,000,000 Retention 10,000

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

Ramsey County, its officials, employees, volunteers and agents are listed Additional Insured with Respects to General Liability with respect to liabilities caused in whole or part by Contractor's acts or omissions, or the acts or omissions of those acting on Contractor's behalf in the performance of the ongoing operations, services and completed operations of the Contractor under this Agreement. The coverage shall be primary and non-contributory per endorsement forms to be issued by the company.

CERTIFICATE HOLDER**CANCELLATION**

Ramsey County 121 7th Place East, Suite 4000 Sait Paul MN 55101	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY COVERAGE ENHANCEMENT ENDORSEMENT INCLUDING MEDICAL PAYMENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions is amended as follows:

1. Paragraph (2)(a) of Exclusion **g. Aircraft, Auto Or Watercraft** is replaced with:
 - (a) Less than 51 feet long; and
2. The following is added to Exclusion **j. Damage To Property**:
 - (a) Paragraphs (3) and (4) does not apply to “property damage” to borrowed equipment while not in use, while at the insured’s premises or a job site; or
 - (b) Paragraph (4) does not apply “property damage” to customers goods while on the insured’s premises for the purpose of being worked on or used in a manufacturing process.

Limit of Insurance - The most we will pay for damages for “property damage” coverage provided by this coverage in any one “occurrence” is \$10,000.

Deductible - Our obligation to pay for a covered loss applies only to the amount of loss in excess of \$500. We will pay the deductible amount to effect settlement of any claim or “suit” and, upon notification of this action having been taken, you shall promptly reimburse us for the deductible as has been paid by us. This insurance is excess over any other valid and collectible insurance.

3. The last paragraph of **2. Exclusions** is replaced with:

If **Damage To Premises Rented To You** is not otherwise excluded, exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke or sprinkler leakage to premises while rented to you or temporarily occupied by you rented to you or temporarily occupied by you

with permission of the owner. A separate limit of insurance applies to this coverage as described in **Section III - Limits of Insurance.**

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended as follows:

1. Paragraph **1. b.** is replaced with:
 - b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
2. Paragraph **1. d.** is replaced with:
 - d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or “suit”, including actual loss of earnings up to \$500 a day because of time off from work.

SECTION II – WHO IS AN INSURED is amended as follows:

1. Paragraph **3. a.** is replaced with:
 - a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
2. The following is added:
 4. **Additional Insured – Automatic Status When Required In An Agreement With You**

Who Is An Insured includes person(s) or organization(s) described in Paragraphs **a.** – **i.** below with whom you have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.

- a. **Co-Owners Of Insured Premises** – with respect to their liability as co-owner of the premises.

However, their status as additional insured under this policy ends when you cease to co-own such premises with that person or organization.

- b. Controlling Interest** – with respect to their liability arising out of their financial control of you; or premises they own, maintain, or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

However, their status as additional insured under this policy ends when they cease to have such controlling interest.

- c. Grantor of Franchise or License** – with respect to their liability as grantor of a franchise or license to you.

However, their status as additional insured under this policy ends:

- (1) when their contract or agreement with you granting the franchise or license ends or expires; or
- (2) when your license is terminated or revoked prior to expiration of the license as stipulated by the contract or agreement.

- d. Lessors of Leased Equipment** – with respect to their liability for “bodily injury”, “property damage” or “personal and advertising injury” caused in whole or in part by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s). This insurance does not apply to any “occurrence” which takes place after the equipment lease expires.

However, their status as additional insured under this policy ends when their lease, contract, or agreement with you for such leased equipment ends.

- e. Managers, or Lessors of Premises** – with respect to liability arising out of the ownership, maintenance, or use of that part of the premises leased to you.

This insurance does not apply to:

- (1) Any “occurrence” which takes place after you cease to be a tenant in that premises.

Structural alterations, new construction, or demolition operations performed by or on behalf of the person or organization.

However, their status as additional insured under this policy ends when you cease to be a tenant of such premises.

- f. Mortgagee, Assignee, or Receiver** – with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you.

This insurance does not apply to structural alterations, new constructions, and demolition operations performed by or for that person or organization.

However, their status as additional insured under this policy ends when their status as mortgagee, assignee, or receiver ends.

- g. Owners or Other Interest from Whom Land has been Leased** – with respect to their liability arising out of the ownership, maintenance, or use of that part of the land leased to you.

This insurance does not apply to:

- (1) Any “occurrence” which takes place after you cease to lease the land; or
- (2) Structural alterations, new construction, or demolition operations performed by or on behalf of the person or organization.

However, their status as additional insured under this policy ends when you cease to lease that land.

- h. State or Political Subdivisions – Permits Relating to Premises** – with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent, or control and to which this insurance applies:

- (1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal

holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or

- (2) The construction, erection, or removal of elevators; or
- (3) The ownership, maintenance or use of any elevators covered by this insurance.

This insurance does not apply to:

- (1) "Bodily injury" or "property damage" or "personal or advertising injury" arising out of operations performed for the state or municipality; or
- (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

However, such state or political subdivision's status as additional insured under this policy ends when the permit ends.

- i. **Vendors** – but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

- (1) The insurance afforded the vendor does not apply to:
 - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
 - (b) Any express warranty unauthorized by you;
 - (c) Any physical or chemical change in the product made intentionally by the vendor;
 - (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the

manufacturer, and then repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f) Demonstration, installation, servicing, or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Subparagraphs d. or f.; or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

With respect to the insurance afforded to such additional insureds **a. – d.** described above the following is added to the **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

However, this insurance afforded to such additional insureds **a. – i.** described above:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

SECTION III – LIMITS OF INSURANCE

1. The following is added to Paragraph 2:

The General Aggregate Limit applies separately to each of your “locations” owned by or rented to you or temporarily occupied by you with the permission of the owner.

2. Paragraph 6. is replaced with:

6. Subject to 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage **A** for damages because of “property damage” to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or sprinkler leakage, while rented to or temporarily occupied by you with permission of the owner. The limit is increased to \$1,000,000.

3. Paragraph 7. is replaced with:

7. Subject to 5. above, the higher of:
 - a. \$10,000; or
 - b. The amount shown in the Declarations for Medical Expense Limit is the most we will pay under Coverage **C** for all medical expenses because of “bodily injury” sustained by one person.

This coverage does not apply if Coverage **C - Medical Payments** is excluded either by the provisions of any coverage forms attached to the policy or by endorsement.

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

1. **Condition 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit** is amended to include:

e. Knowledge of an “occurrence”, offense, claim or “suit” by an agent or employee of any insured shall not in itself constitute knowledge of the insured unless you, a partner, if you are a partnership; or an executive officer or insurance manager, if you are a corporation receives such notice of an “occurrence”, offense, claim or “suit” from the agent or employee.

2. Paragraph **b. Excess Insurance (1) (b) (ii)** of condition 4. **Other Insurance** is replaced with:

(ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;

3. **Condition 6. Representations** is amended to include:

d. Your failure to disclose all hazards or prior “occurrences” or offenses existing as of the inception date of the policy shall not prejudice the coverage afforded by this policy provided such failure to disclose all hazards or prior “occurrences” or offenses is not intentional. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

4. **Condition 8. Transfer Of Rights Of Recovery Against Others To Us** is amended to include:

If required by a written contract executed prior to loss, we waive any right of subrogation we may have against the contracting person or organization because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “products-completed operations hazard”.

5. The following condition is added:

10. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

SECTION V – DEFINITIONS

1. Definition 3. “Bodily Injury” is replaced with:
 3. “Bodily injury” means bodily injury, sickness or disease sustained by a person, including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.
2. The following definition is added:

“Location” means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway, or right-of-way of a railroad.

All terms and conditions apply unless modified by this endorsement.

Business Record Details »

Minnesota Business Name

Capitol Ridge, LLC**Business Type**

Limited Liability Company (Domestic)

MN Statute

322C

File Number

772675200028

Home Jurisdiction

Minnesota

Filing Date

8/4/2014

Status

Active / In Good Standing

Renewal Due Date

12/31/2021

Registered Office Address161 Saint Anthony Ave., Suite 925
Saint Paul, MN 55103
USA**Registered Agent(s)**

Andrew A Schweizer

ManagerMike Berkopec
161 Saint Anthony Ave, Suite 925
Saint Paul, Minnesota 55103
United States**Principal Executive Office Address**161 Saint Anthony Ave, Suite 925
Saint Paul, Minnesota 55103
United States**Filing History****Filing History**

Select the item(s) you would like to order:

[Order Selected Copies](#)

<input type="checkbox"/>	Filing Date	Filing	Effective Date
<input type="checkbox"/>	8/4/2014	Original Filing - Limited Liability Company (Domestic) (Business Name: Capitol Ridge, LLC)	

<input type="checkbox"/>	Filing Date	Filing	Effective Date
	1/1/2018	Conversion to 322C Due to Statute Mandate – Limited Liability Company (Domestic)	
<input type="checkbox"/>	3/26/2018	Registered Office and/or Agent - Limited Liability Company (Domestic)	
<input type="checkbox"/>	3/27/2018	Amendment - Limited Liability Company (Domestic) Restated Articles	

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Office of State Procurement Suspended/Debarred Vendor Report



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Suspended/Debarred Vendor Report

Minnesota Rules Part 1230.1150, Subpart 6 requires the Office of State Procurement to maintain a master list of all suspensions and debarments. The master list must retain all information concerning suspensions and debarments as a public record for at least three years following the end of a suspension or debarment.

The vendors listed below may be currently suspended or debarred, or have a suspension or debarment end date within the past three years. Click the vendor name for complete details.

NOTE: Minnesota Rules Part 1230.1150, Subpart 2, Item B, Subitem (1) also provides that: "Any vendor debarred by the federal government, the state of Minnesota, or any of its departments, commissions, agencies, or political subdivisions, is automatically debarred by the division under the same terms and limits of the original debarment."

[Ace Hydro Seeding, Inc.](#)

[Best Electric](#)

[C & S Electric, LLC](#)

[Country Trucking & Excavating](#)

[Dahl Trucking](#)

[Devos, LTD](#)

[Eagle Deer Reserve Limited](#)

[Elmore Truck & Trailer Repair, Inc.](#)

[Glacier, Inc.](#)

[Green Nature-Cycle, LLC.](#)

[Guaranteed Returns](#)

[Hunt's Carpet Service, Inc.](#)

Krampitz Trucking

Olympic Construction Services

Omni Construction Company

Omni-Midwest, Inc.

Reliakor Services, Inc.

Restoration Specialists, Inc.

Road Spec Corporation

RSI Associates, Inc.

Showcase Lawn and Landscape

The Travel Group LLC

Treasure Enterprise, Inc.

Triumph Electrical Services

NOTE: Minnesota Rules Part 1230.1150, Subpart 2, Item B, Subitem (1) also provides that: "Any vendor debarred by the federal government, the state of Minnesota, or any of its departments, commissions, agencies, or political subdivisions, is automatically debarred by the division under the same terms and limits of the original debarment."

Vendors Debarred by Federal Government Agencies

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Entity Dashboard

Capitol Ridge, LLC
DUNS: 080507938 CAGE Code: 83NH1
Status: Active
Expiration Date: 02/08/2021
Purpose of Registration: All Awards

161 Saint Anthony Ave, STE 100
Saint Paul, MN, 55103-2382 ,
UNITED STATES

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Entity Overview

Entity Registration Summary

Name: Capitol Ridge, LLC
Doing Business As: Best Western Plus Capitol Ridge
Business Type: Business or Organization
Last Updated By: Mike Berkopec
Registration Status: Active
Activation Date: 02/09/2020
Expiration Date: 02/08/2021

Exclusion Summary

Active Exclusion Records? No



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