

CERTIFICATE OF LIABILITY INSURANCE

CECI1TIS

DATE (MM/DD/YYYY) 9/10/2025

ELEVRES-02

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 I	S WAIVED, subje	ct to	the	terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may	-			
PRODUCER Total Insurance Solutions, LLC 351 NE Woods Chapel Rd. STE 101						CONTACT NAME: PHONE (A/C, No, Ext): (816) 833-4480 FAX (A/C, No):(816) 833-4480					
Lees Summit, MO 64064					E-MAIL ADDRESS: support@gettotalinsurance.com						
						INSURER(S) AFFORDING COVERAGE					
						INSURER A: American Builders Insurance					
INSURED					INSURER B: The Pie Insurance Company					21857	
Elevated Restoration & REI LLC 405 S Monroe St Raymore, MO 64083-9721					INSURER C:						
					INSURER D:						
					INSURER E:						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						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.											
NSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBE				POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A X COMMERCIAL GE	NERAL LIABILITY					Ì	, ,	EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MAD	E X OCCUR	Х		ABIC022323-00		8/4/2025	8/4/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIN	MIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000	

A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		ABIC022323-00	8/4/2025	8/4/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
В	AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		WC PI 2823023-000	8/4/2025	8/4/2026	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)		II, A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER	CANCELLATION					
City of Lees Summit, Missouri 2020 SE Green St Lees Summit. MO 64063	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Lees duminit, ind 04003	AUTHORIZED REPRESENTATIVE					
	Ceci Dresser					