



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Twin Lakes Insurance Agency PO Box 970 Lees Summit MO 64063	CONTACT NAME: Sue Falter	FAX (A/C, No): 816-525-4049
	PHONE (A/C, No, Ext): 816-525-2125	
INSURED Kevin Higdon Construction LLC PO Box 847 Lee's Summit MO 64063	E-MAIL ADDRESS: info@twinlakesins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Auto-Owners	NAIC # 18988
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		
KEVIHIG-01		

COVERAGES

CERTIFICATE NUMBER: 1236987751

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	COMMERCIAL GENERAL LIABILITY				75248705	2/1/2026	2/1/2027	EACH OCCURRENCE															
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)															
								\$ 300,000															
								MED EXP (Any one person)															
								\$ 10,000															
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY															
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							\$ 2,000,000															
	OTHER:							GENERAL AGGREGATE															
								\$ 2,000,000															
								PRODUCTS - COMP/OP AGG															
								\$ 2,000,000															
								\$															
A	AUTOMOBILE LIABILITY				5447331500	3/25/2025	3/25/2026	COMBINED SINGLE LIMIT (Ea accident)															
	<input checked="" type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)															
	OWNED AUTOS ONLY							\$															
	HIRED AUTOS ONLY							BODILY INJURY (Per accident)															
	<input checked="" type="checkbox"/> SCHEDULED AUTOS							\$															
	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)															
								\$															
								\$															
								EACH OCCURRENCE															
								\$															
								AGGREGATE															
								\$															
								\$															
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N <input checked="" type="checkbox"/> N	N/A	A106626762	2/1/2026	2/1/2027	<input checked="" type="checkbox"/> PER STATUTE														
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								OTH-ER														
	(Mandatory in NH)								E.L. EACH ACCIDENT														
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 1,000,000														
									E.L. DISEASE - EA EMPLOYEE														
									\$ 1,000,000														
									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 Lee's Summit
220 SE Green Street
Lee's Summit MO 64063
USA

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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