

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/16/2020

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.

the terms and conditions of the policy, c certificate holder in lieu of such endorse	ertain po	olicies may require an endo								
PRODUCER				CONTACT Carrie McArthur						
				PHONE (816)251-3316 FAX (816)525-4049						
Twin Lakes Insurance Agency 2641 NE McBaine Drive				PHONE (A/C, No, Ext): (816)251-3316 FAX (A/C, No): (816)5  E-MAIL ADDRESS: carriem@twinlakesins.com					;-4049	
2041 NE MCBaine Dilve				INSURER(S) AFFORDING COVERAGE NAIC #						
Lee's Summit MO 64064				INSURER A: Acuity						
INSURED				_					14184	
Ryan P Myers, DBA: Ace Electrical Contractors				INSURER B:						
1353 NE Brandywine Rd				INSURER C:						
1333 NE Brandywine Rd				INSURER D :						
Lees Summit MO 64064				INSURER E : INSURER F :						
	-	E NUMBER: CL20416132		KF:		REVISION NUI	MRFR:			
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 SUB INSD WV	BR POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s		
X COMMERCIAL GENERAL LIABILITY						EACH OCCURREN		\$	1,000,000	
A CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000	
		ZA1515		5/11/2020	5/11/2021	MED EXP (Any one	person)	\$	5,000	
						PERSONAL & ADV	INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	ATE	\$	2,000,000	
X POLICY PRO- JECT LOC						PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
OTHER: AUTOMOBILE LIABILITY		+				COMBINED SINGLE	LIMIT	\$		
l						(Ea accident)		\$		
ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$					
AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE &				
HIRED AUTOS AUTOS						(Per accident)		\$		
UMBRELLA LIAB OCCUB		+								
I H HOCCOR						EACH OCCURREN	JE .	\$		
OLAIIVIO-IVIADE	1					AGGREGATE		\$		
DED   RETENTION \$   WORKERS COMPENSATION						PER STATUTE	OTH- ER	<u>Ф</u>		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDE		\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$					
						E.L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OPERATIONS BEIOW						E.E. DIOLAGE - I GE	IOT LIMIT	Ψ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD	101. Additional Remarks Schedule m	nav be atta	ched if more sna	ce is required)	I				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Certificate Holder and all other parties required by a written contract are named as additional										
insureds with respects to Liability for both Ongoing & Completed Ops on a Primary & Non-Contributory										
basis.										
CERTIFICATE HOLDER				CANCELLATION						
	.Wert	enberger@cityofls.	VARVELEATION							
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
City of Lee's Summit						F, NOTICE WILL B	E DELIVER	ED IN		
220 SE Green Street				ACCORDANCE WITH THE POLICY PROVISIONS.						
Lee's Summit, MO 64063				AUTHORIZED REPRESENTATIVE						