

**FEDERATED INSURANCE**  
**121 East Park Square**  
**P.O. Box 328**  
**Owatonna, MN 55060-0328**  
**Phone: (507) 455-5200 or 800-533-0472**

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## **FAX COVER SHEET**

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**TO:** 8169691221@fedfax.com

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**DATE:** 04/28/2020

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**SUBJECT:** Certificate Of Insurance - PROLINE PLUMBING LLC 177-691-3 Req 19~2020-04-28 00:56:34.0~00006

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FAX

FEDERATED INSURANCE COMPANIES  
CLIENT CONTACT CENTER

Phone: 1-888-333-4949

Fax: 507-446-4664

Email: [clientcontactcenter@fedins.com](mailto:clientcontactcenter@fedins.com)

Company: City of Lees Summit

Account Number: 177-691-3

Subject: Certificate Of Insurance

Message: Thank you for contacting Federated's Client Contact Center. If you have further questions, please contact the Client Contact Center at the telephone number, fax number, or e-mail listed above.



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
04/28/2020

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).

<b>PRODUCER</b> FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		<b>CONTACT NAME:</b> CLIENT CONTACT CENTER <b>PHONE (A/C, No, Ext):</b> 888-333-4949 <b>FAX (A/C, No):</b> 507-446-4664 <b>E-MAIL ADDRESS:</b> CLIENTCONTACTCENTER@FEDINS.COM	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> FEDERATED MUTUAL INSURANCE COMPANY	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER: 4** **REVISION NUMBER: 0**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	N	N	6107320	06/14/2020	06/14/2021	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$1,000,000
	<input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$100,000
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
							\$1,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$2,000,000
	OTHER:						PRODUCTS - COMP/DP AGG
							\$2,000,000
A	AUTOMOBILE LIABILITY	N	N	6107321	06/14/2020	06/14/2021	COMBINED SINGLE LIMIT (Ea accident)
	<input checked="" type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR						
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	N	6107322	06/14/2020	06/14/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$500,000
							E.L. DISEASE - EA EMPLOYEE
							\$500,000
							E.L. DISEASE - POLICY LIMIT
							\$500,000

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

<b>CERTIFICATE HOLDER</b> 177-691-3 CITY OF LEES SUMMIT 220 SE GREEN ST LEES SUMMIT, MO 64063-2706	<b>CANCELLATION</b> 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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