

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2019

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.

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).												
_	DUCER	CONTACT Jessie Bullock										
The Reilly Company LLC						PHONE (913) 682-1234 FAX (913) 682-8136						
608 Delaware St.						E-MAIL jessie bullock@reillvinsurance.com						
P.O. Box 9						INSURER(S) AFFORDING COVERAGE NAIC #						
Leavenworth KS 66048-0009						Heitad Fire 9 Cos						
INSURED						A saidant Fund						
Recreation Wholesale, LLC						INSURER B.						
2321 NE Independence Ave.						INSURER C:						
2021 NE independence Ave.					INSURER D :							
Lee's Summit				MO 64064	INSURER E :							
					INSURER F:							
				ITO III D E I T.	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 POLICY EFF POLICY EXP												
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		Φ ′	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000		
l			60424495			01/01/2020	01/01/2021	MED EXP (Any one person)		\$ 5,000		
Α								PERSONAL & ADV INJURY		\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$ 2,000,000		
	OTHER:							\$		\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		\$ 1,00	0,000	
	X ANY AUTO					01/01/2020	01/01/2021	BODILY INJURY (Per person) \$				
Α	OWNED SCHEDULED AUTOS			60424495				BODILY INJURY (Per accident) \$				
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	AMAGE \$			
								Uninsured motor			0,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E :	\$		
	EXCESS LIAB CLAIMS-MADE						İ	AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION	N/A						➤ PER STATUTE	OTH- ER			
_B	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE DIMEMBER EXCLUDED?			WCV6202479		04/04/0000	04/04/2024	E.L. EACH ACCIDENT \$ 500		,000		
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		WCV6202178			01/01/2020	01/01/2021			\$ 500,	,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 500		,000		
								Limit		100,	,000	
Α	Leased/Rented Equipment			60424495		01/01/2020	01/01/2021					
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 220 SE Green Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	LEG DE GIGGI GUGGI	AUTHORIZED REPRESENTATIVE										
Lees Summitt MO 64063						Levin OBrien						