



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/2/2022

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 THIS 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><br>Jeffrey Hudson<br>201a N 2nd St<br>Odessa, MO 64076-0000      | <b>CONTACT</b><br><b>NAME:</b>                                  |   |
|  | <b>PHONE</b><br>A/C, No, Ext): (816) 230-8989                   | <b>FAX</b><br>A/C, No, Ext): (573) 893-1602 |
| <b>INSURED</b><br>Dustin Hoffman<br>417 SE Onyx Dr<br>Lees Summit, MO 64063-5128 | <b>E-MAIL</b>   |   |
|  | <b>ADDRESS:</b>   |   |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                            |   |
|  | <b>NAIC #</b>   |   |
|  | <b>INSURER A:</b> Farm Bureau Town & Country Ins Co of Missouri |   |
|  | <b>INSURER B:</b>   |   |
| <b>INSURER C:</b>  |   |   |
| <b>INSURER D:</b>  |   |   |
| <b>INSURER E:</b>  |   |   |
| <b>INSURER F:</b>  |   |   |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOUT 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 | LTP                                | TYPE OF INSURANCE   | ADDL<br>INDS | SUBR<br>WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                    |             |
|------|------------------------------------|---|--------------|-------------|---------------|----------------------------|----------------------------|---|-------------|
| A    |                                    | <b>COMMERCIAL GENERAL LIABILITY</b>   | N            | N           | BOP0006493    | 6/29/2022                  | 6/29/2023                  | EACH OCCURRENCE                           | \$1,000,000 |
|      |                                    | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |              |             |               |                            |                            | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$50,000    |
|      |                                    |   |              |             |               |                            |                            | MED EXP (Any one person)                  | \$5,000     |
|      |                                    |   |              |             |               |                            |                            | PERSONAL & ADV INJURY                     | \$1,000,000 |
|      |                                    |   |              |             |               |                            |                            | GENERAL AGGREGATE                         | \$2,000,000 |
|      |                                    |   |              |             |               |                            |                            | PRODUCTS - COMP/OP AGG                    | \$2,000,000 |
|      |                                    |   |              |             |               |                            |                            |   | \$          |
|      | GEN'L AGGREGATE LIMIT APPLIES PER: |   |              |             |               |                            |                            |   |             |
|      |                                    | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |              |             |               |                            |                            |   |             |
|      |                                    | OTHER:  |              |             |               |                            |                            |   |             |
|      |                                    | <b>AUTOMOBILE LIABILITY</b>   |              |             |               |                            |                            | COMBINED SINGLE LIMIT (Ea accident)       | \$          |
|      |                                    | ANY AUTO OWNED AUTOS ONLY   |              |             |               |                            |                            | BODILY INJURY (Per person)                | \$          |
|      |                                    | HIRED AUTOS ONLY  |              |             |               |                            |                            | BODILY INJURY Per accident                | \$          |
|      |                                    | SCHEDULED AUTOS   |              |             |               |                            |                            | PROPERTY DAMAGE (Per accident)            | \$          |
|      |                                    | NON-OWNED AUTOS ONLY  |              |             |               |                            |                            |   | \$          |
|      |                                    |   |              |             |               |                            |                            |   | \$          |
|      |                                    | <b>UMBRELLA LIAB</b>  |              |             |               |                            |                            | EACH OCCURRENCE                           | \$          |
|      |                                    | EXCESS LIAB   |              |             |               |                            |                            | AGGREGATE                                 | \$          |
|      |                                    | DED   |              |             |               |                            |                            |   | \$          |
|      |                                    | RETENTION \$  |              |             |               |                            |                            |   | \$          |
|      |                                    | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |              |             |               |                            |                            | PER STATUTE                               | OTHER       |
|      |                                    | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NH)                                |              |             |               |                            |                            | E.L. EACH ACCIDENT                        | \$          |
|      |                                    | If yes, describe under DESCRIPTION OF OPERATIONS below  |              |             |               |                            |                            | E.L. DISEASE- EA EMPLOYEE                 | \$          |
|      |                                    |   |              |             |               |                            |                            | E.L. DISEASE- POLICY LIMIT                | \$          |

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

## CERTIFICATE HOLDER

CITY OF LEES SUMMIT  
220 SE Green St  
Lees Summit, MO 64063-2706

## CANCELLATION

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

