

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/25/2023

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.

	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A s	statemen	t on	
PRODUCER						CONTACT NAME: Donald Hines					
AHI Group						PHONE (A/C, No, Ext): (913) 839-1478 (A/C, No):					
2143 E 151st Street						E-MAIL ADDRESS: donh@autohomeinsurancegroup.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
Olathe KS 66062						INSURERA: OWNERS INS CO				32700	
INSURED KS 00002					INSURER B: AUTO OWNERS INS CO					18988	
					INSURER C:				10700		
Larry Harkrader Construction Inc 1001 Nw Chipman Rd Ste 113											
100	i Nw Chiphian Ru Ste 113				INSURER D:						
					INSURER E :						
LEES SUMMIT				MO 64081-3943	INSURER F:						
			RTIFICATE NUMBER:			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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE \$	<u> </u>	1,000,000	
	CLAIMS-MADE CCCUR CLAIMS-MADE CCCUR COCCUR COCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	<u> </u>	50,000		
							MED EXP (Any one person) \$	<u> </u>	5,000		
A				75030326		04/27/2023	04/27/2024	PERSONAL & ADV INJURY \$	<u> </u>	1,000,000	
								GENERAL AGGREGATE \$		3,000,000	
								PRODUCTS - COMP/OP AGG \$	·	3,000,000	
	OTHER:									2,000,000	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT 6		1,000,000	
	X ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$		1,000,000	
	OWNED SCHEDULED			4103032601		04/20/2022	04/30/2024	BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS NON-OWNED			4103032001		04/30/2023	04/30/2024	PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
	AG UMPRELLA LIAR								1 000 000		
	★ UMBRELLA LIAB ★ OCCUR							EACH OCCURRENCE \$		1,000,000	
A	EXCESS LIAB CLAIMS-MADE			4103032602		04/27/2023	04/27/2024	AGGREGATE \$	5	1,000,000	
	DED RETENTION \$ 10,000							TRIA \$	5		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WCV0018495-2022A			05/01/2023	05/01/2024	E.L. EACH ACCIDENT \$	5	500,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	5	500,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	5	500,000	
	INMRC							CEQ10		40,000	
A	INMRC			75030326		04/27/2023	04/27/2024	CEQ11		40,000	
								Installation		725,000	
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						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
220 SE Green St					AUTHORIZED REPRESENTATIVE						
Lees Summit MO 64063					Donald Hines						