



DATE (MM/DD/YYYY)  
7/28/2023

**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> <b>The Insurance Groups, Inc.</b> <b>905F SE Langsford Rd.</b> <b>Lees Summit, MO 64063</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (816) 525-8558</b> <b>FAX (A/C, No): (816) 525-0711</b> <b>E-MAIL ADDRESS: office@theinsurancegroupe.com</b>	
<b>INSURED</b>  <b>Greenwood Energy Solutions LLC</b> <b>SmartPower Services</b> <b>1151 SE Century Dr</b> <b>Lees Summit, MO 64081-3283</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Owners Insurance Company</b>		<b>32700</b>
	<b>INSURER B : *Auto-Owners Insurance-Company Information</b>		<b>18988</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				X	X	75217669	12/26/2022	12/26/2023	EACH OCCURRENCE		\$	1,000,000	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$	300,000			
	<input type="checkbox"/>										MED EXP (Any one person)		\$	10,000	
	<input type="checkbox"/>										PERSONAL & ADV INJURY		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE						\$	2,000,000			
	<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/>	PRO-JECT	<input type="checkbox"/>						LOC	PRODUCTS - COMP/OP AGG		\$	2,000,000
	<input type="checkbox"/>	OTHER: General Aggregate											\$		
	<input type="checkbox"/>												\$		
B	AUTOMOBILE LIABILITY				X	X	5100298901	12/26/2022	12/26/2023	COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000		
	<input checked="" type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY		<input checked="" type="checkbox"/>						SCHEDULED AUTOS	BODILY INJURY (Per person)		\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY		<input checked="" type="checkbox"/>						NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)		\$		
	<input type="checkbox"/>			<input type="checkbox"/>							PROPERTY DAMAGE (Per accident)		\$		
	<input type="checkbox"/>			<input type="checkbox"/>									\$		
	<input type="checkbox"/>			<input type="checkbox"/>									\$		
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR	X	X	5100298900	12/26/2022	12/26/2023	EACH OCCURRENCE		\$	5,000,000	
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE		\$		
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$	10,000								\$	5,000,000	
	<input type="checkbox"/>														
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A	X	A106546230	1/28/2023	1/28/2024	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									<input checked="" type="checkbox"/>	N	E.L. EACH ACCIDENT		\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - EA EMPLOYEE		\$	1,000,000
												E.L. DISEASE - POLICY LIMIT		\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The City, its agents, representatives, officers, directors, officials and employees are Additional Insureds with respect to General Liability, Auto Liability and Excess Liability. This insurance is primary, noncontributory insurance with respect to performance of the Agreement. All policies, including Worker's Compensation, waive rights of subrogation against City, its agents, representatives, officers, officials and employees for any claims arising out of work or services performed by the Contractor under the Agreement.

**The City, its agents, representatives, officers, directors, officials and employees are Additional Insured with respect to General Liability, Auto Liability and Excess Liability. The Insured's insurance shall be primary, non-contributory with respect to performance of the Agreement. All policies, including Worker's SEE ATTACHED ACORD 101**

<p><b>CERTIFICATE HOLDER</b></p> <p>City of Lees Summit 220 SE Green Lees Summit, MO 64063</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> 
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ADDITIONAL REMARKS SCHEDULE

AGENCY The Insurance Groupe, Inc.		NAMED INSURED Greenwood Energy Solutions LLC SmartPower Services 1151 SE Century Dr Lees Summit, MO 64081-3283	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:  
Compensation, waive rights of recovery (subrogation) against City, its agents, representatives, officers, officials and employees for any claims arising out of work or services performed by the Contractor under this Agreement.