

BBROPHY

CERTIFICATE OF LIABILITY INSURANCE

ACORD®

DATE (MM/DD/YYYY) 1/4/2024

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).

ti	nis certificate does not confer rights to	o the	cert	terms and conditions of ificate holder in lieu of su	ıch end	lorsement(s)	oolicies may	require an end	orsemen	t. As	tatement on	
PRODUCER Paragon Insurance Group, LLC 1844 W Wayzata Blvd. Long Lake, MN 55356						CONTACT NAME: PHONE (A/C, No, Ext): (612) 338-9179 FAX (A/C, No): (612) 338-9180						
									INSURER(S) AFFORDING COVERAGE INSURER A : Nationwide General Ins Co			
Wiest Homes LLC 2358 SW Hickory Ln						INSURER B:					23700	
						INSURER C :						
						INSURER D:						
	Lees Summit, MO 64082		INSURER E : INSURER F :									
CO	VERAGES CER	RTIFICATE NUMBER:			REVISION NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP					
A	X COMMERCIAL GENERAL LIABILITY					,	<u> </u>	EACH OCCURREN	ICE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			ACPCG013211132615		12/1/2023	12/1/2024	DAMAGE TO RENTED		\$	100,000 5,000	
								MED EXP (Any one		\$	1,000,000	
								PERSONAL & AD\		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC									\$	2.000.000	
	X POLICY PRO- JECT LOC OTHER: General Aggregate							PRODUCTS - COM	IP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (Per person)		\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$		
If yes, describe under								E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORF	1 D 101. Additional Remarks Schedu	ıle. mav h	e attached if mor	e space is requi	red)				
CERTIFICATE HOLDER City of Lee's Summit 20 SE Green St Lees Summit, MO 64063						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						