



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/08/2024

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).

| <b>PRODUCER</b><br>Next First Insurance Agency, Inc.<br>PO Box 60787<br>Palo Alto, CA 94306                  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (855) 222-5919<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> support@nextinsurance.com                                                                                                                                                                                           |                               |        |                                      |       |            |  |            |  |            |  |            |  |            |  |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|--------------------------------------|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Stan McDonald<br>Clean Clear Windows LLC<br>2935 SW Arborwoods Dr<br>Lees Summit, MO 64082 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Next Insurance US Company</td><td>16285</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Next Insurance US Company | 16285 | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE                                                                                | NAIC #                                                                                                                                                                                                                                                                                                                                     |                               |        |                                      |       |            |  |            |  |            |  |            |  |            |  |
| INSURER A: Next Insurance US Company                                                                         | 16285                                                                                                                                                                                                                                                                                                                                      |                               |        |                                      |       |            |  |            |  |            |  |            |  |            |  |
| INSURER B:                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |                               |        |                                      |       |            |  |            |  |            |  |            |  |            |  |
| INSURER C:                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |                               |        |                                      |       |            |  |            |  |            |  |            |  |            |  |
| INSURER D:                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |                               |        |                                      |       |            |  |            |  |            |  |            |  |            |  |
| INSURER E:                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |                               |        |                                      |       |            |  |            |  |            |  |            |  |            |  |
| INSURER F:                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |                               |        |                                      |       |            |  |            |  |            |  |            |  |            |  |

## COVERAGES

CERTIFICATE NUMBER: 111844925

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                                                                                                                                                                                                                                                                                                                                                        | ADDL INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|------------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X         |          | NXTLTXCDYD-00-GL | 03/08/2024              | 03/08/2025              | EACH OCCURRENCE \$1,000,000.00                                       |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00                                                                                                                                                                                                                                                                                                                   |           |          |                  |                         |                         |                                                                      |
|          | MED EXP (Any one person) \$10,000.00                                                                                                                                                                                                                                                                                                                                     |           |          |                  |                         |                         |                                                                      |
|          | PERSONAL & ADV INJURY \$1,000,000.00                                                                                                                                                                                                                                                                                                                                     |           |          |                  |                         |                         |                                                                      |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | GENERAL AGGREGATE \$1,000,000.00                                     |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | PRODUCTS - COMP/OP AGG \$1,000,000.00                                |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | \$                                                                   |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                        |           |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | BODILY INJURY (Per person) \$                                        |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | \$                                                                   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                     |           |          |                  |                         |                         | EACH OCCURRENCE \$                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | AGGREGATE \$                                                         |
|          |                                                                                                                                                                                                                                                                                                                                                                          |           |          |                  |                         |                         | \$                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                      | N/A       |          |                  |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                    |           |          |                  |                         |                         |                                                                      |
|          | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                                                                                                                                                            |           |          |                  |                         |                         |                                                                      |
|          | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                                                                           |           |          |                  |                         |                         |                                                                      |
| A        | Contractors Errors and Omissions                                                                                                                                                                                                                                                                                                                                         | X         |          | NXTLTXCDYD-00-GL | 03/08/2024              | 03/08/2025              | Each Occurrence: \$10,000.00<br>Aggregate: \$20,000.00               |

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

The Certificate Holder is City of Lees Summit. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

## CERTIFICATE HOLDER

City of Lees Summit  
220 SE Green St  
Lees Summit, MO 64063

## LIVE CERTIFICATE



[Click or scan to view](#)

## 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

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