



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2024

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).

PRODUCER
FEDERATED MUTUAL INSURANCE COMPANY
HOME OFFICE: P.O. BOX 328
OWATONNA, MN 55060

CONTACT NAME: CLIENT CONTACT CENTER

PHONE
(A/C, No, Ext): 888-333-4949FAX
(A/C, No): 507-446-4664E-MAIL
ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: FEDERATED MUTUAL INSURANCE COMPANY

13935

INSURER B: FEDERATED RESERVE INSURANCE COMPANY

16024

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
PREMIER ELECTRIC & LIGHTING DESIGN, INC.
PO BOX 1311
LEES SUMMIT, MO 64063-8311

187-262-1

COVERAGES

CERTIFICATE NUMBER: 9

REVISION NUMBER: 2

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	TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A		COMMERCIAL GENERAL LIABILITY			N	N	6123587	01/23/2024	01/23/2025	EACH OCCURRENCE		\$1,000,000	
		CLAIMS-MADE		<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$100,000	
	<input checked="" type="checkbox"/>	BUSINESS OWNER'S LIABILITY								MED EXP (Any one person)			
										PERSONAL & ADV INJURY		\$1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE		\$2,000,000	
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC						PRODUCTS & COMP/OP AGG		\$2,000,000	
	OTHER:												
A		AUTOMOBILE LIABILITY			N	N	6123588	01/23/2024	01/23/2025	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000	
	<input checked="" type="checkbox"/>	ANY AUTO								BODILY INJURY (Per Person)			
		OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per Accident)			
		HIRED AUTOS ONLY		<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per Accident)			
		UMBRELLA LIAB		<input type="checkbox"/> OCCUR					EACH OCCURRENCE				
		EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE					AGGREGATE				
		DED	RETENTION										
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			<input type="checkbox"/> Y/N	N/A	N	1802551	01/23/2024	01/23/2025	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L EACH ACCIDENT		\$500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L DISEASE EA EMPLOYEE		\$500,000	
										E.L DISEASE - POLICY LIMIT		\$500,000	

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

CERTIFICATE HOLDER

187-262-1
CITY OF LEES SUMMIT
220 SE GREEN ST
LEES SUMMIT, MO 64063-2706

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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