



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/07/2024

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  
Zurich - Account Service Center  
7045 College Blvd.  
Overland Park, KS 66211  
Fax: 888-734-6776 Ph: 877-225-5276

CONTACT NAME: Zurich - Account Service Center

PHONE (A/C No. EXT): 877-225-5276

FAX (A/C No): 888-734-6776

E-MAIL ADDRESS: service.center@zurichna.com

INSURED M021055977  
SOAVE AUTOMOTIVE GROUP, INC  
9400 W 65TH STREET  
MERRIAM, KS 66203

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Zurich American Insurance Company

16535

INSURER B: American Guarantee and Liability Ins. Co.

26247

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE 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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	ADP1064271-07	11/01/2024	11/01/2025	EACH OCCURENCE
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						\$1,000,000
	<input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/>						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$5,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	ADP 1064271-07	11/01/2024	11/01/2025	PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> ANY AUTO						\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						\$3,000,000
	<input type="checkbox"/>						PRODUCTS - COMP/OP AGG
	<input type="checkbox"/>						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>	AUC 1065490-07	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea Accident)
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						\$1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per person)
							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/>						\$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PROPERTY DAMAGE (Per accident)
							\$
A	<input type="checkbox"/> GARAGEKEEPERS - DIRECT COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>	ADP1064271-07	11/01/2024	11/01/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT
							\$
							E.L. DISEASE - EA EMPLOYEE
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT
							\$
A	<input type="checkbox"/> Garagekeepers - Direct Coverage	<input type="checkbox"/>	<input type="checkbox"/>	ADP1064271-07	11/01/2024	11/01/2025	Products-Comp/Op Agg
							\$30,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				Total Limit
							\$3,100,000

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

Reason for Certificate: GENERAL LIABILITY

30 Day notice of cancellation applies, except for cancellation due to non payment of premium.  
See Additional Remarks Schedule Attached

## CERTIFICATE HOLDER

CITY OF LEE'S SUMMIT  
220 SE GREEN ST  
LEE'S SUMMIT, MO 64063

Attn:  
Fax:

## 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

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Zurich - Account Service Center		NAMED INSURED SOAVE AUTOMOTIVE GROUP, INC 9400 W 65TH STREET MERRIAM, KS 66203	
POLICY NUMBER ADP1064271-07			
CARRIER Zurich American Insurance Company	NAIC CODE 16535	EFFECTIVE DATE: 11/01/2024	

**ADDITIONAL REMARKS**

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

Products - Completed Operations Aggregate of \$3,000,000 applies to the Garage Liability.

Additional Named Insured(s) Include: T.E.N. INVESTMENTS, INC. DBA ARISTOCRAT MOTORS, T.E.N. INVESTMENTS, INC. DBA LAND ROVER OF KANSAS CITY, T.E.N. INVESTMENTS, INC. DBA JAGUAR OF KANSAS CITY, T.E.N. INVESTMENTS, INC. DBA PORSCHE KANSAS CITY, KCMER INVESTMENTS, INC. DBA MERCEDES-BENZ OF KANSAS CITY, SAG TOPEKA, INC., DBA BMW OF TOPEKA AND VOLKSWAGEN OF TOPEKA, ARM PO, INC. DBA ARISTOCRAT MOTORS LEE'S SUMMIT, KCMER INVESTMENTS, INC. DBA SPRINTER OF KANSAS CITY

Covered Location(s) Include: 9400 W 65TH STREET MERRIAM,KS,66203; 9400 W 65TH STREET REAR OF LOC 1 MERRIAM,KS,66203; 9400 W 65TH STREET 2ND REAR OF LOC 1 MERRIAM,KS,66203; 9401 W 65TH STREET MERRIAM,KS,66203; 6500 CARTER (WATER DISTRICT) MERRIAM,KS,66203; 6500 CARTER STREET (REAR) MERRIAM,KS,66203; 9415 W 65TH STREET MERRIAM,KS,66203; 9415 W 65TH STREET REAR OF LOC 4-1 MERRIAM,KS,66203; 3030 SOUTH KANSAS AVE (SAG TOPEKA TOPEKA,KS,66611; 122 SE 31ST STREET (BAKERY BUILDING) TOPEKA,KS,66611; 9405 W 65TH STREET (PORSCHE SHOWROOM & MERRIAM,KS,66203; 704 SE OLDHAM COURT LEE'S SUMMIT,MO,64081; 13851 MADISON AVENUE (MBKC SHOWROOM & SERVICE) KANSAS CITY,MO,64145; 13871 MADISON AVENUE (SPRINTER SERVICE) KANSAS CITY,MO,64145; 701 SE OLDHAM CT (FORMER SKATING RINK) LEE'S SUMMIT,MO,64081; 700 SE OLDHAM PARKWAY LEE'S SUMMIT,MO,64081; 3100 S KANSAS AVE TOPEKA,KS,66611; 9510 W 67TH STREET MERRIAM,KS,66203