

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2024

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).

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PRODUCER						CONTACT Jessie Bullock						
The	Reilly Company LLC				[ (A/C, NO).					82-8136		
608 Delaware St.						E-MAIL jessie.bullock@reillyinsurance.com						
P.O. Box 9						INSURER(S) AFFORDING COVERAGE						
Leavenworth KS 66048-0009						INSURER A : EMC					NAIC # 21415	
INSURED						INSURER B: R-T Specialty LLC/Underwriters at Lloyds						
Mar Building Solutions LLC					INSURER C :							
1445 SE Broadway Dr					INSURER D :							
					INSURER E :							
Lees Summit MO 64081-3201				INSURER F:								
COVERAGES CERTIF			TIFICATE NUMBER: Master 2024			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.  INSRI  I POLICY FEE   PO												
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	s 1,000	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur		s 100,0	000	
						10/15/2024	10/15/2025	MED EXP (Any one person)		s 5,000	)	
Α				BBB9051				PERSONAL & ADV INJURY \$ 1,00		\$ 1,000	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$ 2,000	0,000	
	POLICY PRO-						F	PRODUCTS - COMP.	PRODUCTS - COMP/OP AGG \$		0,000	
	OTHER:							s		s	<sub>je</sub> te	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000	0,000	
	× ANY AUTO				- 111	Minga Marian		BODILY INJURY (Per person) \$				
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY  SCHEDULED AUTOS AUTOS AUTOS AUTOS AUTOS ONLY			6E67639	*1	10/15/2024	10/15/2025	BODILY INJURY (Per accident) \$				
								PROPERTY DAMAGE (Per accident) \$				
	District the Secretarian Assessment of the Secretarian Assessment							Medical payment	ents \$ 5,000		)	
	★ UMBRELLA LIAB  ★ OCCUR  ** ** ** ** ** ** ** ** ** ** ** ** *					10/15/2024	10/15/2025	EACH OCCURRENC	NCE \$ 5,000		0,000	
Α	EXCESS LIAB CLAIMS-MADE			6J67639				AGGREGATE	EGATE \$ 5,000		0,000	
	DED RETENTION \$ 10,000									\$		
Α	VORKERS COMPENSATION  IND EMPLOYERS' LIABILITY  Y/N					10/15/2024	10/15/2025	➤ PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		6H67639				E.L. EACH ACCIDEN				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$ 500,0		000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 500,0		000		
_	Errors and Omissions							Errors & Omission	ns	0.000	00,000	
В				ANE4943350.24		07/11/2024	07/11/2025	Aggregate		\$1,00	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The City of Lee's Summit is additional insured as respects Auto Liability and General Liability including ongoing and completed operations. Insurance is on a primary and non-contributory. Waiver of subrogation applied in favor of the additional insured as respects Auto Liability and General Liability. A 30 day notice of cancellation applies.  An additional \$1M project specific limit is included on the professional liability coverage to increase the limit to \$3M total.												
CE	RTIFICATE HOLDER	CANCELLATION										
JEI	THE HOLDER	CANCELLATION										
City of Lee's Summitt 220 SE Green Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
220 02 0.00.1 0.100.						AUTHORIZED REPRESENTATIVE						
Lee's Summit MO 64063					Jack Keilly							