

## CERTIFICATE OF LIABILITY INSURANCE

11/21/2025

DATE (MM/DD/YYYY) 11/20/2024

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	Lockton Companies, LLC		CONTACT NAME:				
	444 W. 47th Street, Suite 900		PHONE (A/C, No, Ext):				
	Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: American Casualty Company of Re	20427				
INSURED	AMERITECH FACILITY SERVICES, LLC		INSURER B: Continental Casualty Company	20443			
1389580	1500 AIRPORT DRIVE	INSURER c : Lexington Insurance Company	19437				
	BALL GROUND GA 30107		INSURER D : Vantage Risk Specialty Insurance	16275			
			INSURER E :				
			INSURER F:				
COVERA		IFICATE NUMBER: 2037601		MBER: XXX			
			have been issued to the insured named a				
	PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO						
			ANCE AFFORDED BY THE POLICIES DESCRIBED		ECT TO		
ALL THE	TERMS, EXCLUSIONS AND CONDI	ITIONS OF SUCH POLICIES. LIMITS	S SHOWN MAY HAVE BEEN REDUCED BY PAID CL	AIMS.			
INSR LTR	TYPE OF INSURANCE	DDL SUBR ISD WVD POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS			

11/21/2024 11/21/2025 EACH OCCURRENCE 7036179859 X COMMERCIAL GENERAL LIABILITY \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 100,000 \$ 15,000 MED EXP (Any one person) N N \$ 2,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$ 4,000,000 GENERAL AGGREGATE POLICY X PRO- X LOC \$ 4,000,000 PRODUCTS - COMP/OP AGG OTHER: 11/21/2024 11/21/2025 (COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** Α \$ 1,000,000 7036179876 X ANY AUTO BÖDILY INJURY (Per person) \$ XXXXXXX OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED N Ν BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX AUTOS ONLY \$ XXXXXXX Χ UMBRELLA LIAB 11/21/2025 EACH OCCURRENCE X OCCUR DC P03XC0000030822 11/21/2024 11/21/2024 \$ 5,000,000 EXCESS LIAB N 029316060 11/21/2025 AGGREGATE CLAIMS-MADE \$ 5,000,000 DED **RETENTION \$** \$ XXXXXXX WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE В 7036179862 11/21/2024 11/21/2025 Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$ 1,000,000 E.L. EACH ACCIDENT N N N/A \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below \$ 1,000,000 E.L. DISEASE - POLICY LIMIT

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

CERTIFICATE HOLDER	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.
20376016	AUTHORIZED REPRESENTATIVE
CITY OF LEE'S SUMMIT 220 SE GREEN ST	
LEE'S SUMMIT MO 64063	
	I man us Apuelle

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	Lockton Companies, LLC 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000		CONTACT NAME: PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:	
	kcasu@lockton.com	L	INSURER(S) AFFORDING COVERAGE	NAIC#
			INSURER A: American Casualty Company of Reading, PA	20427
INSURED	AMERITECH FACILITY SERVICES, LLC		INSURER B: Continental Casualty Company	20443
1389580	1500 AIRPORT DRIVE		INSURER c : Lexington Insurance Company	19437
	BALL GROUND GA 30107		INSURER D: Vantage Risk Specialty Insurance Company	16275
			INSURER E :	
			INSURER F:	
COVERA	GES CERTIFICATE NUMBER: 1	1072072	DEVISION NUMBER, VV	/VVVV

THIS IS TO CERTIFICATE NUMBER: 19729724

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.

IINSR	NSR POLICY ESP POLICY								
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	/MM/DD/VVVV		LIMIT	'S
A	X co	MMERCIAL GENERAL LIABILITY			7036179859	11/21/2024	11/21/2025	EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	Щ_		N	N				MED EXP (Any one person)	\$ 15,000
	<u></u>		I IN	IN				PERSONAL & ADV INJURY	\$ 2,000,000
+		AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
1		LICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	ОТ	HER:							\$
Α		IOBILE LIABILITY			7036179876	11/21/2024	11/21/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	$\vdash$	NY AUTO						BODILY INJURY (Per person)	\$ XXXXXXX
	OWNED SCHEDULED AUTOS	N	N			10	BODILY INJURY (Per accident)	\$ XXXXXXX	
		RED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
									\$ XXXXXXX
D		MBRELLA LIAB X OCCUR			P03XC0000030822	11/21/2024	11/21/2025	EACH OCCURRENCE	\$ 5,000,000
C	EX	CESS LIAB CLAIMS-MADE	N	N	029316060	11/21/2024	11/21/2025	AGGREGATE	\$ 5,000,000
	DE								\$ XXXXXXX
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves, describe under		N/A 1		N 7036179862	11/21/2024		X PER OTH-	
								E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER	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.
19729724 THE CITY OF LEE'S SUMMIT 220 SE GREEN STREET LEE'S SUMMIT, MO 64063	AUTHORIZED REPRESENTATIVE  AM M Amello