



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Alliant Insurance Services, Inc. 205 Park Central E #307 Springfield MO 65806		CONTACT NAME: Jessica Miller PHONE (A/C, No, Ext): 713-624-6318 FAX (A/C, No):	
		E-MAIL ADDRESS: jessica.miller@alliant.com	
License#: 0C36861 CONSSAN-03		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Constable Sanitation, Inc. PO Box 2531 Lee's Summit MO 64063	INSURER A : Great Divide Insurance Company 25224		
	INSURER B : Key Risk Insurance Company 10885		
	INSURER C : StarStone Specialty Insurance 44776		
	INSURER D : Missouri Employers Mutual Insu 10191		
	INSURER E : GuideOne National Insurance Co 14167		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 2008819595

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.

EXCLUSIONS AND CONDITIONS OF COVERAGED LIMITS SHOWN MAY HAVE BEEN REDUCED BY EXCLUDED CLAIMS												
INSR LTR	TYPE OF INSURANCE		ADDL/SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X	COMMERCIAL GENERAL LIABILITY		GLP2027835-15	1/13/2024	1/13/2025	EACH OCCURRENCE		\$ 1,000,000			
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000			
							MED EXP (Any one person)		\$ 5,000			
							PERSONAL & ADV INJURY		\$ 1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE		\$ 2,000,000			
	X	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG		\$ 2,000,000			
		OTHER:							\$			
B	AUTOMOBILE LIABILITY			BAP2027834-15	1/13/2024	1/13/2025	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000			
	ANY AUTO						BODILY INJURY (Per person)		\$			
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)		\$			
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$			
									\$			
C	UMBRELLA LIAB		X OCCUR	88824B243ALI	1/13/2024	1/13/2025	EACH OCCURRENCE		\$ 2,000,000			
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE		\$ 2,000,000			
	DED	RETENTION \$							\$			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MEM 3013281-01	4/30/2024	4/30/2025	X	PER STATUTE	OTHE- R			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT		\$ 1,000,000			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000			
							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000			
E	Excess Liability			560002402-03	1/13/2024	1/13/2025	Aggregate Each Occurrence		3,000,000 3,000,000			

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

CERTIFICATE HOLDER

CANCELLATION

City of Lee's Summit
Public Work Engineering Division
220 SE Green Street
Lee's Summit MO 64063

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

Jack D. Hanmer