

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/07/2025

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

	If SUBROGATION IS WAIVED, subjectible certificate does not confer rights							NAL INSURED provision require an endorsement	sorb t. As	e endorsed. tatement on	
_	ODUCER	10	6 001	uncate noider in neu or st	CONTACT						
Andrew Atsaves					NAME:						
c/o Artex Risk Solutions, Inc.					PHONE (A/C, No, Ext): (480) 951-4177 FAX (A/C, No, Ext): (480) 951-4266						
P.O. Box 13838 Scottsdale, AZ 85267						ADDRESS: SDL.BSD.Certificates@artexrisk.com					
								RDING COVERAGE		NAIC#	
INSURED					INSURER A: American Zurich Insurance Company					40142	
Nextep, Inc. and Nextep Business Solutions, Inc. Alt. Emp: Greenwood Energy Solutions, LLC dba: SmartPower Services 1800 North Interstate Drive Norman, OK 73072					INSUR	ERB:					
					INSURI	ERC:					
					INSURER D :						
						ERE:					
COVERAGES CERTIFICATE NUMBER: 25.0K5.05						INSURER F:					
		RTIFI	CATE	E NUMBER:250K5051220	683			REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POL	TAIN, ICIES.	THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE E	OF AN	THE POLICIE REDUCED BY	ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPEC	HE POL OT TO S	ICY PERIOD WHICH THIS THE TERMS,	
LIK	COMMERCIAL GENERAL LIABILITY	INSC	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
								EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC								\$		
	OTHER:	-							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	***************************************	
	ANY AUTO OWNED SCHEDULED								\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	S		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$		
	EXCESS LIAB CLAIMS-MADE								s S		
	DED RETENTION \$			No. 1971					3 3		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							Y PER OTH-	>		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 50 11 000 10		00/01/01				1 000 000	
	(Mandatory in NH)			WC 56-11-380-12		08/01/2025	08/01/2026			1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$		1,000,000	
								E.L. DISEASE - POLICY LIMIT   \$	5	1,000,000	
				Location Coverage Period		08/01/2025	08/01/2026	Client# 2949-MO			
Cove	rage is provided for those co-employees at not subcontractors  1.151 SE Century Dr. Lee's Summit, MO 6	Soluti	CORD ions, I	LLC dba: SmartPower	Service	attached if more es Finance Dep Contract #202	ot.	d)			
CERTIFICATE HOLDER						CANCELLATION					
City of Lees Summit Division Procurement and Contracting PO Box 1600 Lees Summit, MO 640631258						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				A	UTHORI	ZED REPRESEN					
						and	4 DE	acuses -			