



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2025

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 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).

<b>PRODUCER</b> TrueNorth Companies, L.C. 500 1st St SE Cedar Rapids IA 52401	<b>CONTACT NAME:</b> RM Home Office <b>PHONE (A/C, No, Ext):</b> 319-366-2723 <b>E-MAIL ADDRESS:</b> certs@truenorthcompanies.com <b>FAX (A/C, No):</b> 877-810-6374
<b>INSURED</b> CommLink Technology, LLC. Project Group 2000, LLC. 220 NW Commerce Ct Lee's Summit MO 64086	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Property Casualty Company of America <b>INSURER B:</b> National American Insurance Company <b>INSURER C:</b> Nautilus Insurance Company <b>INSURER D:</b> RSUI Indemnity Company <b>INSURER E:</b> National Casualty Company <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 2142853509**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MP34580324	2/27/2025	2/27/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HPD			MP34580324	2/27/2025	2/27/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HPD Limit/Deductible \$ 100,000/1,000
B D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			MB63500324 NHA605180	2/27/2025 2/27/2025	2/27/2026 2/27/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Occurrence/Aggregate \$ \$5M/\$5M
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCC340121B	2/27/2025	2/27/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C A A	Pollution/Professional Liability Installation Floater Leased & Rented Equipment			CPP2042740-11 QT-630-2T349821-TIL-25 QT-630-2T349821-TIL-25	2/27/2025 2/27/2025 2/27/2025	2/27/2026 2/27/2026 2/27/2026	Occurrence/Aggregate \$5M/\$10M Occ Limit/Deductible 1,000,000/2,500 Limit/Deductible 200,000/1,000

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

If Yes is indicated above for Additional Insured forms, General Liability #CG23A-MO 03/21 (ongoing and completed operations) and Automobile Liability #NACA09 01/21 apply. If Yes is indicated above for Waiver of Subrogation forms, General Liability #CG23A-MO 03/21, Automobile Liability #NACA09 01/21 and Workers Compensation WC000313 04/84 apply. Coverage is extended for work performed and required under written contract with the above named insured.  
Excess/Umbrella liability Follows Form and extends over the Commercial General Liability, Automobile Liability and Workers Compensation Employer's Liability only.  
Crime Coverage effective 02/27/2025 - 02/27/2026: Federal Insurance Company, Policy #J06126479  
Cyber Liability effective 04/18/2025 - 04/18/2026: Chaucer Insurance Company DAC, Policy #CIC-CB-SBACZPFTV, Limit: \$1,000,000

**CERTIFICATE HOLDER****CANCELLATION**

City of Lee's Summit  
220 SE Green Street  
Lees summit MO 64063  
united states

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

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