

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/20/2017

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 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 Truss 4551 W. 107th St., Third Floor Overland Park KS 66207	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 913.341.8998 FAX (A/C, No): 913-491-6379 E-MAIL ADDRESS: Certificates@TrussAdvantage.com														
INSURED 29103 Mid-America Contractors, Inc. 1400 Iron Kansas City MO 64116	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Amerisure Insurance Company</td> <td>19488</td> </tr> <tr> <td>INSURER B: Amerisure Mutual Ins Co</td> <td>23396</td> </tr> <tr> <td>INSURER C: Amerisure Partners Ins Co</td> <td>11050</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Amerisure Insurance Company	19488	INSURER B: Amerisure Mutual Ins Co	23396	INSURER C: Amerisure Partners Ins Co	11050	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 1480761215

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		7/1/2017	7/1/2018	EACH OCCURRENCE				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					\$1,000,000				
						DAMAGE TO RENTED PREMISES (Ea occurrence)				
						MED EXP (Any one person)				
						PERSONAL & ADV INJURY				
						GENERAL AGGREGATE				
						PRODUCTS - COMP/OP AGG				
						\$				
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:										
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident)				
	<input checked="" type="checkbox"/> EXCESS LIAB					\$1,000,000				
						BODILY INJURY (Per person)				
						BODILY INJURY (Per accident)				
						PROPERTY DAMAGE (Per accident)				
						\$				
						EACH OCCURRENCE				
						AGGREGATE				
						\$				
						\$				
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER				
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									
						E.L. EACH ACCIDENT				
						E.L. DISEASE - EA EMPLOYEE				
						E.L. DISEASE - POLICY LIMIT				
						\$1,000,000				
						\$1,000,000				
						\$1,000,000				

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

City of Lee's Summit is additional insured as respects General Liability.

CERTIFICATE HOLDER

CANCELLATION

City of Lee's Summit 220 SE Green 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
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