

LEE'S SUMMIT

Scope of Work Statement

Applicant: M.	America Contrators
Address: <u>1400</u>	Tron
City:	Summit North Konsas Ady State: Mo Zip: 64116
Primary Contact	Tan Roleck Phone: 81/2 121-45/10
On-site Contact	Phone:
Project Address: 4	100 3W Longview Rd Unit 109
Name of Owner:	
Scope of Work:	Interior Limo in prep for
take t	ennt timesh under review
· · · · · · · · · · · · · · · · · · ·	
Cost of project includir	ng labor: \$ \$5767.80
the best of my knowled	ertify that I have the authority to make the foregoing application and that the application, dge, is complete and correct and that the permitted construction will conform to the es adopted by the City of Lee's Summit and all applicable ordinances.
Signature of Owner or	Authorized Agent Printed Name of Applicant Date
0	

1/27/15 M:\CODES ADMIN\Forms and Handouts\Codes\Forms\Scope of Work Statement.xls

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/20/2017

ERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS FICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

RODUCER FUSS 551 W. 107th St., Third Floor Everland Park KS 66207 SURED A CERTIFIC COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF IT INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTIFICATE MAY BE I	3	PHONE (AIC, No, Ext): 913. E-MAIL Certifica APDRESS: Certifica III INSURER A : Americ INSURER B : Americ INSURER C : Americ	ates@Truss/ nsurer(s) arro sure Insurand sure Mutual I	FAX (A/C, No): 913-4 Advantage.com ORDING COVERAGE Ce Company	491-6379 NAIC #	
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC	3	INSURER B : Americ INSURER B : Americ INSURER B : Americ INSURER C : Americ	ates@Truss/ nsurer(s) arro sure Insurand sure Mutual I	Advantage.com ORDING COVERAGE CC Company	NAIC#	
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SR TYPE OF INSURANCE INSO A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC	EMENT, TERM OR CONDITION AIN. THE INSURANCE AFFORD	OF ANY CONTRACTION BY THE POLICE	T OR OTHER	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL	WHICH THIS	
CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC	SUBR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			<u> </u>	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC	CPP2097514	7/1/2017	7/1/2018		00,000	
POLICY X PRO- X LOC	·			DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,		
POLICY X PRO- X LOC				MED EXP (Any one person) \$10,0	100	
POLICY X PRO- X LOC			1 .	PERSONAL & ADV INJURY \$1,00	00,000	
				GENERAL AGGREGATE \$2,00	0,000	
OTHER:			 .	PRODUCTS - COMP/OP AGG \$2,00	0,000	
U VIIIEIS.				\$		
AUTOMOBILE LIABILITY	CA2097513	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,00	0,000	
X ANY AUTO				BODILY INJURY (Per person) \$		
ALL OWNED SCHEDULED AUTOS NON-OWNED		İ		BODILY INJURY (Per accident) \$		
X HIRED AUTOS X AUTOS				PROPERTY DAMAGE (Per accident)		
		·		\$		
3 X UMBRELLA LIAB X OCCUR.	CU2097515	7/1/2017	7/1/2018	EACH OCCURRENCE \$5,00	0,000	
EXCESS LIAB CLAIMS-MADE			-	AGGREGATE \$5,000	0,000	
DED RETENTION\$				\$	r	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC2097516	7/1/2017	7/1/2018	X PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N N/A	-			E.L. EACH ACCIDENT \$1,000	0,000	
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE \$1,000	0,000	
if yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$1,000	0,000	
	-					
				<u> </u>		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AC			ore space is requi	red)		
City of Lee's Summit is additional insured a	s respects General Liability					
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n .						
ERTIFICATE HOLDER						
		CANCELLATION				

220 SE Green Lee's Summit MO 64063 ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

