

DRAYTON INSURANCE BROKERS, INC.

2500 CENTER POINT ROAD, SUITE 301
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POST OFFICE BOX 94067
BIRMINGHAM, ALABAMA 35220
EMAIL: dib@draytonins.com

CERTIFICATE OF INSURANCE

NO. 040207

We certify that insurance is afforded as stated below. This Certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the insurance policy and the insurance afforded is subject to all the terms, exclusions and conditions of the policy.

INSURER Admiral Insurance Company **POLICY NO.** CA000003209-30-1029

NAMED INSURED Wald and Company, Inc.
P.O. Box 319
Greenwood, Missouri 64034

POLICY TERM March 1, 2020 to March 1, 2021; Both Days 12:01 A.M. Standard Time

COVERAGE Premises-Operations Liability: ☒ Occurrence Basis ☐ Claims Made Basis

LIMIT OF LIABILITY \$1,000,000 each occurrence, \$3,000,000 general aggregate
The limit of liability shall not be increased by the inclusion of more than one insured or additional insured.

INSURED OPERATIONS The sale of consumer fireworks (1.4G) and related products at the **Insured location**, during the **period of operation**.

It is certified that, for the period of operation stated below and when named below as such, this policy includes as **Additional Insureds** 1) the operator(s), sponsor(s), promoter(s), organizer(s), of the **Insured Premises** used principally for the retail sale of consumer fireworks supplied by the Named Insureds and/or 2) the owner(s), manager(s), tenant(s), mortgagee(s) (including other entities having similar interests), of the property on which the **Insured Premises** is located and/or 3) the licensing authority issuing a permit or license for the operation of the **Insured Premises** and/or 4) any entity for which the Named Insured is required, by written contract, to provide insurance such as is afforded by the terms of this policy.

**NAME(S) OF
ADDITIONAL INSURED(S)**

STAND OPERATOR: CHRISTOPHER B. SHARP, CSHARP LLC, HYVEE, AUTISM OUTREACH FELLOWSHIP
CITY OF LEE'S SUMMIT, MO

**ADDRESS OF
INSURED PREMISES**
HYVEE PARKING LOT
310 SOUTH WEST WARD ROAD, LEE'S SUMMIT, MO 64081

PERIOD OF OPERATION JUNE 15TH, 2020 THROUGH JULY 15TH, 2020

It is certified that this policy requires a 30 day mutual notice of cancellation between the Insurer and the Named Insured. In the event of such cancellation we will endeavor to mail 10 days written notice to the Additional Insured(s), whose name and address is shown hereon, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer and/or the undersigned.

DRAYTON INSURANCE BROKERS, INC.

March 20, 2020

DATE OF ISSUE


A.J. STRINGER, PRESIDENT