MMURPHY

CERTIFICATE OF LIABILITY INSURANCE

ACORD.

4/19/2021

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).

PRODUCER	CONTACT NAME: PHONE (04C) 000 0000 FAX (04C) 000 4004				
The Robert E Miller Group 003 E 104th Street, Suite 800	(A/C, No, Ext): (816) 333-3000	FAX (A/C, No): (816) 822-1634			
Kansas City, MO 64131	E-MAIL ADDRESS: certs@millercares.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: United Fire & Casualty	13021			
INSURED	INSURER B:				
Rothwell Construction, Inc.	INSURER C:				
1500 NW State Route 7 #1000	INSURER D :				
Blue Springs, MO 64014	INSURER E :				
	INSURER F:				
OOVED A OEO	DEVICION NI	MADED			

COVERAGES CERTIFICATE NUMBER: 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.

E)	XCLL	JSIONS AND CONDITIONS OF SUCH						•		
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				•		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	х	x 60452894	10/27/2020	10/27/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						EMPLOYEE BENEFI	\$	2,000,000
Α	AUT	UTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	X ANY AUTO	Х	Х	60452894	10/27/2020	10/27/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X	UMBRELLA LIAB X OCCUR		χ <b>6</b> 0452894		10/27/2020 10/27/202		EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	X		30452894 10/27/		10/27/2021	AGGREGATE	\$	5,000,000
		DED X RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Lee's Summit Dodge, Chrysler, Jeep, Ram / 1051 SE Oldham PKWY, Lee's Summit, MO 64081

City of Lee's Summit, its assigns, officer, directors, officials and employees are an additional insured as respects to liability coverage, excluding Workers Compensation and Employers Liability, for ongoing and completed operations, as required by written contract. Waiver of subrogation applies where allowed by law. Coverage is primary and noncontributory. 30 Day Notice of Cancellation applies.

CERTIFICATE HOLDER	CANCELLATIO

City of Lee's Summit, Missouri 220 SE Green St Lees 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

In Wille