

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/20/2021

| 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). | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Aon Risk Services, Inc of Florida | | | | | | | NAME: Aon Risk Services, Inc of Florida PHONE FAX | | | | | |
| 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937 | | | | | | | (A/C, No, Ext): 800-743-8130 (A/C, No): 800-522-7514 EMAIL | | | | | |
| | | | | | | | ADDRESS: ADP.COI.Center@Aon.com | | | | | |
| | | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # |
| | | | | | | | INSURER A : New Hampshire Ins Co | | | | | 23841 |
| INSURED ADP TotalSource FL XVIII, Inc. | | | | | | | INSURER B : | | | | | |
| 10200 Sunset Drive Miami, FL 33173 | | | | | | | INSURER C : | | | | | |
| ALTERNATE EMPLOYER Rothwell Construction Inc | | | | | | | INSURER D : | | | | | |
| 1500 N State Route 7 Ste 100 | | | | | | | | | | | | |
| | - | | | | CDTI | | INSURER F : 72624 REVISION NUMBER: | | | | | |
| | | RAGES | | | | FICATE NUMBER: 327 | | | HE INSURED | | | |
| 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. LIMITS SHOWN ARE AS REQUESTED. | | | | | | | | | | | | |
| INSR | SR TYPE OF INSURANCE | | | | | | | POLICY EFF | POLICY EXP | LIMITS | | |
| LTR | COMMERCIAL GENERAL LIABILITY | | | INSR | WVD | | | (MM/DD/YYYY) | (MM/DD/YYYY) | EACH OCCURRENCE | \$ | |
| | | | | | | | | | | DAMAGE TO RENTED | | |
| | | CLAIMS-MADE C | OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ \$ | |
| - | | | | | | | | | | MED EXP (Any one person) | \$ \$ | |
| - | GEI | L N'L AGGREGATE LIMIT APPLIES | | | | | | | | PERSONAL & ADV INJURY | э \$ | |
| - | GLI | | LOC | | | | | | | GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$ | |
| | | OTHER | _ 100 | | | | | | | | \$ | |
| | | | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | 70 | ANY AUTO | | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHE | EDULED | | | | | | | | \$ | |
| - | | | -OWNED | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | | |
| - | | AUTOS ONLY AUTO | OS ONLY | | | | | | | (Per accident) | \$ | |
| | | | | | | | | | | | \$ | |
| - | | UMBRELLA LIAB OCCU | | | | | | | | EACH OCCURRENCE | \$ | |
| - | | | MS-MADE | | | | | | | AGGREGATE | \$ | |
| | wo | DEC RETENTION \$ | | | | | | | | V PER OTH- | | |
| А | AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | WC 027115071 N | | 10 | 07/01/2020 | 07/01/2021 | X STATUTE ER | | |
| | OFF | FICER/MEMBER EXCLUDED? | , IVE | N / A | | | | | | E.L. EACH ACCIDENT | \$ | 2,000,000 |
| | Ìf ye | andatory in NH) s, describe under | | | | | | | | E.L. DISEASE - EA EMPLOYEE | | 2,000,000 |
| \vdash | DES | SCRIPTION OF OPERATIONS be | elow | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 2,000,000 |
| | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All worksite employees working for ROTHWELL CONSTRUCTION INC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. ROTHWELL CONSTRUCTION INC is an alternate employer under this policy. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CER | TIF | FICATE HOLDER | | | | | CANC | ELLATION | | | | |
| City of Lee's Summit 220 SE. Green Street 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 Aon Risk Services, Inc of Florida | | | | | |
| © 1988-2015 ACORD CORPORA | | | | | | | | | | | | |

The ACORD name and logo are registered marks of ACORD