Client#: 16403 CITYRES

$ACORD_{\scriptscriptstyle{\mathbb{M}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/02/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

ting definitions does not define any rights to the definitions from the definition of such chaotsement(b).					
PRODUCER	CONTACT MJ Insurance, Inc.				
MJ Insurance, Inc.	PHONE (A/C, No, Ext): 317 805-7542 FAX (A/C, No): 317 8	805-7515			
PO Box 3430	E-MAIL ADDRESS: certificate@mjinsurance.com				
Carmel, IN 46082-3430	INSURER(S) AFFORDING COVERAGE	NAIC #			
317 805-7500	INSURER A: The Cincinnati Insurance Company	10677			
INSURED	INSURER B : Amerisure Mutual Insurance Co.	23396			
Cityscape Residential, LLC 8335 Keystone Crossing, Suite 220	INSURER C:				
5	INSURER D:				
Indianapolis, IN 46240	INSURER E:				
	INSURER F:				

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.

INSR LTR		TYPE OF INSUR	ANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Χ	COMMERCIAL GENERA	AL LIABILITY			ENP0566560	02/28/2021	02/28/2022	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
									MED EXP (Any one person)	\$10,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		PPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT	X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	AUTOMOBILE LIABILITY					ENP0566560	02/28/2021	02/28/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
Α	Χ	UMBRELLA LIAB	OCCUR			ENP0566560	02/28/2021	02/28/2022	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED X RETENTION	N \$ -0-							\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY	,			WC209945405	02/28/2021	02/28/2022	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)			м, д		3A STATES INCL:	FL IN KS	KY MO	E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					3C STATES EXCL:	ND OH WA	WY PR US	M.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	A RENTED/LEASED					ENP0566560	02/28/2021	02/28/2022	LIMIT: \$350,000	
	EQ	UIPMENT							DEDUCTIBLE: \$500	

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

CERTIFICATE HOLDER	CANCELLATION
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City of Lee's Summit, Public Works Dept/Engineering Division 220 SE Green Street 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

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CITYSCAPE CONSTRUCTION VIEW HIGH LLC Licensing 8335 KEYSTONE CROSSING STE 220 INDIANAPOLIS, IN 46240



BUSINESS LICENSE

Issuance No. LC100170671

EXPIRES: 09/30/2021

License is Hereby Granted to: CITYSCAPE CONSTRUCTION VIEW HIGH LLC

Business Classification: 100 General Contractor (A)

Subject to the provisions of all Ordinances now in force and

that may hereafter be passed by said City of Lee's Summit

Lusho Fowler accin

THIS LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE AND IS NON-TRANSFERABLE