

Change existing "Road Closed" sign to "Lane Closed"

LEFT LANE  
MUST  
TURN LEFT  
R3-7

Used dashed tape to clearly mark the thru-lane movement to continue through and one line to clearly indicate that the left-turn lane should turn left.

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/12/2020

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).

<b>PRODUCER</b> <b>MJ Insurance, Inc.</b> <b>PO Box 3430</b> <b>Carmel, IN 46082-3430</b> <b>317 805-7500</b>		<b>CONTACT NAME:</b> MJ Insurance, Inc. <b>PHONE (A/C, No, Ext):</b> 317 805-7542 <b>E-MAIL ADDRESS:</b> certificate@mjinsurance.com <b>FAX (A/C, No):</b> 317 805-7515																						
<b>INSURED</b> <b>Cityscape Construction-DTLS, LLC</b> <b>8335 Keystone Crossing, Suite 220</b> <b>Indianapolis, IN 46240</b>		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td colspan="2">INSURER A : The Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td colspan="2">INSURER B : Amerisure Mutual Insurance Co.</td> <td>23396</td> </tr> <tr> <td colspan="2">INSURER C :</td> <td></td> </tr> <tr> <td colspan="2">INSURER D :</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : The Cincinnati Insurance Company		10677	INSURER B : Amerisure Mutual Insurance Co.		23396	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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**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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	ENP0566560	02/28/2020	02/28/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>	Y	Y	ENP0566560	02/28/2020	02/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> OCCUR DED <input checked="" type="checkbox"/> RETENTION \$0	Y	Y	ENP0566560	02/28/2020	02/28/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	WC20994540502	02/28/2020	02/28/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	RENTED/LEASED EQUIPMENT			ENP0566560	02/28/2020	02/28/2021	LIMIT: \$350,000 DEDUCTIBLE: \$500

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

The additional insured and waiver of subrogation boxes above are marked based on the policy information shown below.

The Certificate Holder and others as defined in the written agreement and the General Liability additional insured Endorsement GA233 09/17 (see attached endorsement) and Automobile Liability endt AA4171 11/05 are (See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

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

*Anthony R. [Signature]*

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## DESCRIPTIONS (Continued from Page 1)

included as additional insured subject to the terms, conditions and exclusions on the policy(s).

Waiver of Subrogation applies to General Liability per Endorsement GA233 09/17, Automobile Liability endt AA 4172 11/05, Workers Compensation per endt WC000313 04/84 subject to the terms, conditions and exclusions on the policy(s) as permitted by law, when required by written contract.

Primary & Noncontributory applies to General Liability per Endorsement GA233 09/17, Automobile Liability endt A4174 11/05, and Umbrella Liability endt US4096 11/16 subject to the terms, conditions and exclusions on the policy(s).

Umbrella is form following in regard to Additional Insured and Waiver of Subrogation as defined by Endorsement US101UM 12/04 and subject to the policy terms, conditions and exclusions on the policy.

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

  
Mayor  
  
City Clerk

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