ROAD RUNNER SAFETY SERVICES, INC.

Cape Girardeau, MO: 573-204-0060 Springfield, MO: 417-833-8155 Kansas City, MO: 816-472-5457

DISCLAIMER

Suggested Traffic Control Drawing for R&R CONCRETE INC.

At 690 NW BLUE PKWY, LEE'S SUMMIT _____Job# _____

Enclosed per your request, is a suggested traffic control drawing. The traffic control drawing was generated with "Traffic Graphic" or "Rapid Plan" in accordance with the "Manual on Uniform Traffic Control Devices" (M.U.T.C.D.) Standards. This drawing is a suggested drawing only and has not been reviewed by a qualified engineer. Therefore, Road Runner Safety Services Inc. does not guarantee the effectiveness, accuracy or results from the use of this suggested drawing and we make no representations that this will comply with the owner's requirements or any applicable city, state, county or federal law or regulation.

This traffic control drawing is not certified or registered by an Engineer and it is the duty of the Owner of the project, Prime Contractor or Company requesting this suggested drawing to have this approved by the appropriate professional and/or does accept all responsibility for the use of this plan.

This disclaimer covers all suggested drawings for the above referenced location and any liability for the acceptance, use or implementation of this suggested plan will be with the Engineer, Owner or Prime Contractor.

The Owner or Prime contractor, by accepting delivery of this suggested drawing, agrees to indemnify and hold Road Runner Safety Services, Inc. harmless from any claims, demands, actions and causes of action arising out of or related to the use of the suggested drawing, including court costs and attorney fees that may be incurred by Road Runner Safety Services, Inc.

By executing this Disclaimer, the undersigned authorized signor represents and warrants that he/she has read the contents of this disclaimer, understands the legal importance of the Disclaimer, voluntarily agrees to the terms and conditions contained herein and is authorized by the Owner or Prime Contractor to sign this Disclaimer.

Authorized Prime Contractor Signature

Date of Acceptance

Protanep 150 vacrig Conspece

Name of Company

REVISED 8-5-2019



PREFERRED ASPHALT & CONCRETE LLC Licensing 13118 S US 71 Hwy Grandview, MO 64030



BUSINESS LICENSE

Issuance No. LC23200220



License is Hereby Granted to: PREFERRED ASPHALT & CONCRETE LLC

Mayor Tusto Fowler arcuni

Subject to the provisions of all Ordinances now in force and that may hereafter be passed by said City of Lee's Summit

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2021

| 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 Nelissa Allen NAME: | | | | | | | | | |
| Creative Planning Property & Casualty LLC | | NAME: PHONE | (012)2 | | I FAX | | | | |
| 5440 West 110th Street | | | | PHONE (A/C, N E-MAIL | o, Ext): (913)32 | 41-0900 | (A/C, NO): ` | 3)341-0901 | |
| 5440 West 110th Street E-MAIL Suite 101 E-MAIL Certificates@creativeplanning.com | | | | | | | | | |
| Overland Park | | KS 66211 | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Emcasco Insurance Company 21407 | | | | | | |
| INSURED | | 10 00211 | INSURER A : Emcasco Insurance Company INSURER B : Employers Mutual Casualty Company | | | | | | |
| Preferred Asphalt & Concrete, | | | | | | | | | |
| 13118 S. US 71 Hwy | | | INSURER C : Union Ins Co Of Providence 214 | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | INSURE | | | | | |
| Grandview | | | MO 64030-3101 | INSURE | | | | | |
| | TIEI | ATE | NUMBER: 21-22 | INSURE | RF: | | | | |
| | | | | ICOLIEF | | | 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 TYPE OF INSURANCE | INSD | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ | ,000,000 | |
| CLAIMS-MADE 🔀 OCCUR | | | | | | | DAMAGE TO DENITED | 0,000 | |
| | | | | | 03/01/2021 | 03/01/2022 | | 10.000 | |
| A | | | 6D17564 | | | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | \$ 2,000,000 | |
| POLICY PRO- JECT LOC | | | | | | | | 0.000.000 | |
| OTHER: | | | | | | | \$ | | |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT \$ 1 (Ea accident) | 000,000 | |
| | | | | | | | BODILY INJURY (Per person) \$ | | |
| A OWNED AUTOS ONLY SCHEDULED AUTOS | | | 6E17564 | | 03/01/2021 | 03/01/2022 | BODILY INJURY (Per accident) \$ | | |
| HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE \$ | | |
| | | | | | | | (i or docidenty \$ | | |
| UMBRELLA LIAB COCCUR | | | | | | | EACH OCCURRENCE \$ 5 | 000,000 | |
| B EXCESS LIAB CLAIMS-MADE | | | 6J17564 | 03/01/20 | 03/01/2021 | 03/01/2022 | | 000,000 | |
| DED RETENTION \$ 10,000 | | | | | | | \$ S | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | |
| C OFFICER/MEMBER EXCLUDED? | N/A | | 6H17564 | - | 03/01/2021 | 03/01/2022 | EACH ACCIDENT \$ 1,000,000 | | |
| (Mandatory in NH) | (Mandatory in NH) | | | | 03/01/2021 | 03/01/2022 | | E \$ 1,000,000 | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | 000,000 | |
| | | | | | | | · | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as Additional Insured with respect General Liability on a primary and non-contributory basis, with ongoing and completed operations including a waiver of subrogation if required by written contract or agreement per policy form CG7578 and CG7174.3. Certificate Holder is named as Additional Insured with respect Business Auto including a waiver of subrogation if required by written contract or agreement per policy form CA7450. | | | | | | | | | |
| CERTIFICATE HOLDER | | | | CANCE | | | | | |
| For Informational Purposes Only For Informational Purposes Only AUTHORIZED REPRESENTATIVE CANCELLATION CANCELL | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | Himy | | |
| © 1988-2015 ACORD CORPORATION. All rights reserved. ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD | | | | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2021

| 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 Melissa Allen | | | | | | | | | |
| Creative Planning Property & Casualty LLC | | | PHONE (A/C, No | (913) 3 | 41-0900 | FAX (A/C, No): (913) |) 341-0901 | | |
| 5440 West 110th Street | | | | E-MAIL | cortificato | | | / 041-0301 | |
| ADDRESS: Ceruncates@creativepianning.com | | | | | | | | | |
| Overland Park | | | KS 66211 | | F | | RDING COVERAGE | NAIC # | |
| INSURED 21407 | | | | | | | | 21407 | |
| Preferred Asphalt & Concrete, | | | | | | | | | |
| 13118 S. US 71 Hwy | | | | | | 5 00 01110/10 | aence | 21423 | |
| | | | | INSURE | · · · · · · · · · · · · · · · · · · · | | | | |
| Grandview | | | MO 64030-3101 | INSURE | | | | | |
| COVERAGES CER | TIFIC | ATE | NUMBER: 21-22 | INSURE | RF: | | | 1 | |
| | | | | ISSUED | TO THE INSU | | 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 TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | | |
| | | | | | | | | 00,000 | |
| CLAIMS-MADE 🔀 OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50, | 000 | |
| A | | | | | | 03/01/2022 | MED EXP (Any one person) \$ 10, | 000 | |
| A | Y | Y | 6D17564 | | 03/01/2021 | | PERSONAL & ADV INJURY \$ 1,0 | 00,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | 1 - | | | | | | GENERALAGGREGATE \$ 2,0 | 00,000 | |
| POLICY X PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,0 | 00,000 | |
| AUTOMOBILE LIABILITY | | ļ | | | | _ | \$ | | |
| | | | | | | | COMBINED SINGLE LIMIT \$ 1,0 | 00,000 | |
| | Y | | | | | | BODILY INJURY (Per person) \$ | | |
| A OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY | | Y | 6E17564 | 03/0 | 03/01/2021 | 03/01/2022 | BODILY INJURY (Per accident) \$ | | |
| | | | | | | | PROPERTY DAMAGE \$ | | |
| | | | | | | | \$ | | |
| | | | | | 02/04/2024 | 02/04/0000 | EACH OCCURRENCE \$ 5,0 | 00,000 | |
| CLAIMS-MADE | { | | 6J17564 | | 03/01/2021 | 03/01/2022 | AGGREGATE \$ 5,0 | 00,000 | |
| UED X RETENTION \$ 10,000 | | | | | | | \$ | | |
| AND EMPLOYERS' LIABILITY Y / N | | | | | | | X PER OTH- STATUTE ER | - | |
| C ANY PROPRIETOR/PARTNER/EXECUTIVE N | | 6H17564 | | | 03/01/2021 | 03/01/2022 | | 00,000 | |
| (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,00 | | |
| DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,00 | 00,000 | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | |
| Certificate Holder is named as Additional Insured with respect General Liability on a primary and non-contributory basis, with ongoing and completed operations including a waiver of subrogation if required by written contract or agreement per policy form CG7578 and CG7174.3. Certificate Holder is named as Additional Insured with respect Business Auto including a waiver of subrogation if required by written contract or agreement per policy form CA7450. | | | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | |
| City of Lee's Summit 220 SE Green AUTHORIZED REPRESENTATIVE | | | | | | | | | |
| Lee's Summit MO 64063 Rea Him-9 | | | | | | | | | |
| © 1988-2015 ACORD CORPORATION. All rights reserved. ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD | | | | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| 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 If SUBROGATION IS WAIVED, subject | an A to the | DDIT | IONAL INSURED, the polices and conditions of the polices. | olicy ce | artain nolicio | DDITIONAL I | NSURED provisions or be e | ndors | sed. | | |
| uns ceruncate does not confer rights t | o the | certif | ficate holder in lieu of suc | h endo | rsement(s). | o may roquin | e un chuorsement. A staten | nent o | 21 | | |
| PRODUCER | CONTACT Melissa Allen | | | | | | | | | | |
| Creative Planning Property & Casualty LLC | | | | PHONE (A/C, N | o, Ext): (913) 3 | 41-0900 | FAX (A/C, No): (| 913) 3 | 41-0901 | | |
| 5440 West 110th Street | | | | E-MAIL ADDRE | | es@creativepla | | | | | |
| Suite 101 | | | | | | SURER(S) AFFO | RDING COVERAGE | | NAIC # | | |
| Overland Park KS 66211 | | | | | INSURER A : Emcasco Insurance Company 21 | | | | | | |
| INSURED | INSURER B : Employers Mutual Casualty Company 2141 | | | | | | | | | | |
| Preferred Asphalt & Concrete, LLC | | | | | INSURER C : Union Ins Co Of Providence 21423 | | | | | | |
| 13118 S. US 71 Hwy | | | | INSURE | RD: | | | | | | |
| | | | | INSURE | RE: | | | | | | |
| Grandview | | | MO 64030-3101 | INSURE | | | | | | | |
| | | | NUMBER: 21-22 | | | | REVISION NUMBER: | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH P | TAIN, T OLICIE | =N1, T 'HE IN | ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE MITS SHOWN MAY HAVE BEEN | | ACT OR OTHER IES DESCRIBE ED BY PAID CI | R DOCUMENT D HEREIN IS S LAIMS. | BOVE FOR THE POLICY PERIO | D S | | | |
| INSR LTR TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | |
| CLAIMS-MADE OCCUR | | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 1,000 50,00 | | | |
| | | Y | | | 03/01/2021 | 03/01/2022 | MED EXP (Any one person) \$ | _{\$} 10,000 | | | |
| A | Y | | 6D17564 | | | | PERSONAL & ADV INJURY \$ | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | \$ 2,000,000 | | | |
| POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | 2,000 | ,000 | | |
| OTHER: | | | | | | | \$ | | | | |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT \$ | 1,000 | ,000 | | |
| | | | | | | | BODILY INJURY (Per person) \$ | \$ | | | |
| A OWNED AUTOS ONLY AUTOS AUTOS AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY | | Y | 6E17564 | 03 | 03/01/2021 | 03/01/2022 | BODILY INJURY (Per accident) \$ | | | | |
| | | | | | | PROPERTY DAMAGE | | | | | |
| | | | | - | | | (Per accident) \$ | | | | |
| VIMBRELLA LIAB X OCCUR | | | | | | | | 5,000, | .000 | | |
| B EXCESS LIAB CLAIMS-MADE | | | 6J17564 | | 03/01/2021 | 03/01/2022 | EXEMPEDODITIENCE \$ | 5,000, | | | |
| DED X RETENTION \$ 10,000 |] | | | | | | ACCILE/AL | | | | |
| WORKERS COMPENSATION | | | | | | | X PER OTH- STATUTE ER | | | | |
| C AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A 6H17564 | | | 01147504 | | 00/04/0004 | | | 1,000, | 000 | | |
| | | | 6H17564 | | 03/01/2021 | 03/01/2022 | Ψ | 1 000 000 | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | 1 | | | 1,000. | | | | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 1,000, | 000 | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI | ES (AC | ORD 10 | 01. Additional Remarks Schedule | nav be att | ached if more co | | | | | | |
| Certificate Holder is named as Additional Insure operations including a waiver of subrogation if r Certificate Holder is named as Additional Insure per policy form CA7450. | d with | respe | ect General Liability on a prima | ary and r | non-contributor | y basis, with o | | | | | |
| CERTIFICATE HOLDER | - Calendaria | | n para la mandra da cana da ca | CANO | | Walty out of the months in the fail of the data | | | | | |
| City of Lee's Summit, MO 220 SE Green AUTHORIZED REPRESENTATIVE | | | | | | | | | | | |
| Lee's Summit | | | | | | | | | | | |
| | | | MO 64063 | | | Ru | Himag | | | | |
| ACORD 25 (2016/03) | | The A | CORD name and logo are | registe | © ered marks o | 1988-2015 A | CORD CORPORATION. AII | rights | s reserved. | | |



Nationwide Mutual Insurance Company Bond Department 1100 Locust Department 2006 Des Moines, IA 50391-2006 Phone: 866-387-0457 Email: bondcomm@nationwide.com

License and Permit Bond

Bond No. 7901077545

KNOW ALL MEN BY THESE PRESENTS:

| That we, Preferred Asphalt & Concret | te, LLC | | |
|---|----------------------|-------------------------|---|
| of Grandview | , State of | МО | , as Principal, and |
| Nationwide Mutual Insurance Company, a | corporation duly | licensed to do bu | usiness in the State of MO |
| as Surety, are held and firmly bound unto | City of Lee's Summit | | , |
| State of <u>MO</u> , in the penal sum | of Five Thousand and | d no/100 dollars (\$5,0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| lawful money of the United States, to be pa | aid to the said Ob | ligee, for which | payment well and truly to be made |
| we bind ourselves and our legal representat | ives, jointly and s | everally by these | e presents. |

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said Principal has been issued a license or permit described as follows: <u>Contractors - Right of Way</u> by the said Obligee.

NOW THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all Amendments thereto, appertaining to the license or permit described then this obligation to be void, otherwise to remain in full force and effect from August 27, 2021 until August 26, 2022 , unless extended by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, to the obligee with whom this bond is filed and to the Principal, at the last known address, and at the expiration of thirty (30) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this <u>27th</u> day of <u>August</u>, <u>2021</u>

Shall save and keep harmless the <u>City of Lee's Summit</u>, from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said license or permit.

Preferred Asphalt & Congrete, LLC Principal

Nationwide Mutual Insurance Company Bv BRENDA LEA MULKEY , Attorney-in-Fact

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

BRENDA LEA MULKEY

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

Five Thousand and no/100 dollars (\$5,000.00)

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 20th day of August, 2021.

Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company





STATE OF NEW YORK COUNTY OF NEW YORK: ss

On this 20th day of August, 2021, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Stephanie Rubino McArthur Notary Public, State of New York No. 02MC6270117 Qualified in New York County Commission Expires October 19, 2024

Scylanie Milino Matthe Notary Public

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 27th day of <u>August</u>, 2021

Laura B. Guy

Assistant Secretary

BDJ 1(08-21)00