$oldsymbol{ACORD}_{\!\scriptscriptstyle{ iny M}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/16/2021

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).

, ,					
PRODUCER	CONTACT Kelli L. Nelson, CISR				
Holmes Murphy-Kansas City	PHONE (A/C, No, Ext): 816 857-7833	FAX (A/C. No):			
1828 Walnut Street Suite 701	E-MAIL ADDRESS: KNelson@holmesmurphy.com				
Property Casualty/MM-KC	INSURER(S) AFFORDING COVERAGE	GE NAIC#			
Kansas City, MO 64108	INSURER A: Union Insurance Company	25844			
INSURED	INSURER B : Midwest Builders Casualty Mutual Co	13126			
Teague Electric Construction, Inc. 12425 W 92nd St	INSURER C : Berkley Assurance Company	39462			
	INSURER D:				
Lenexa, KS 66215-3869	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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Y EXP /YYYY) LIMITS	
X COMMERCIAL GENERAL LIABILITY	ХХ	CPA3198546	05/01/2021	05/01/2022		\$1,000,000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
X PD Ded: 2,500					MED EXP (Any one person)	\$10,000
					PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
OTHER:						\$
AUTOMOBILE LIABILITY	X X	CPA3198546	05/01/2021	05/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X ANY AUTO					BODILY INJURY (Per person)	\$
AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
X UMBRELLA LIAB X OCCUR		CPA3198546	05/01/2021	05/01/2022	EACH OCCURRENCE	\$10,000,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
DED X RETENTION \$\$0						\$
WORKERS COMPENSATION	X	WC10000019422021A	05/01/2021	05/01/2022	X PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. EACH ACCIDENT	\$1,000,000
(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
Pollution and		PCAB50143700521	05/01/2021	05/01/2022	\$1,000,000 Each Claim	
Professional Liab					\$1,000,000 Aggregat	te
					\$10,000 Retention	
	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded: 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- DED X PRO- AUTOS ONLY AUTOS ONLY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X PD Ded: 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X LIABILITY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Pollution and	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded: 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X X CPA3198546 X ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X JUMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$\$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below POLICY NUMBER X X CPA3198546 CPA3198546 CPA3198546 CPA3198546 PCAB50143700521	TYPE OF INSURANCE ADDL SUBR INSR WYD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X CPA3198546 05/01/2021 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCY X JECT LOC OTHER: AUTOMOBILE LIABILITY X X CPA3198546 05/01/2021 X ANY AUTO OWNED AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N ANY PROPRIETOR/PARTNER/EXECUTIVE N I VISUA CREATER AND AUTOS ONLY X WC10000019422021A D5/01/2021 PCAB50143700521 05/01/2021	TYPE OF INSURANCE ADDL SUBR INSR WYD POLICY NUMBER POLICY SEFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded: 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X X CPA3198546 O5/01/2021 O5/01/2022 X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X LOCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE N AND AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE N N/A (Mandatory in NH) If yes, describe under POLICY SEFF (MM/DD/YYYY) O5/01/2021 O5/01/2022 O5/01/2022 O5/01/2022 O5/01/2022 O5/01/2022 O5/01/2022 O5/01/2022 O5/01/2022 O5/01/2022 O5/01/2022	TYPE OF INSURANCE ADDI. SUBR NR WYD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X PD Ded: 2,500 GENL AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO GWINED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED EXCESS LIAB X OCCUR EXCESS LIAB X OC

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

RE: Project - Woodside Services installation at Pryor & O'Brien in Lee's Summit, MO.

The City of Lee's Summit, its assigns, officers, directors, officials, and employees and Clayton Properties is an Additional Insured on the General Liability, including Completed Operations, and Auto Liability coverages on a primary and non-contributory basis as required by written contract with the insured, per policy terms and conditions. The General Liability, Auto Liability, and Workers Compensation coverages (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
City of Lee's Summit 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
	Duil 7. Keryl

© 1988-2015 ACORD CORPORATION. All rights reserved.

0=DTIFIC 4 TF 1101 DED

DESCRIPTIONS (Continued from Page 1)
include a Waiver of Subrogation in favor of the Additional Insureds as required by written contract with the insured, per policy terms and conditions. The Umbrella policy is Follow-Form over the underlying General Liability, Auto Liability, and Employers' Liability coverages, per the policy terms and conditions.