



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2022

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 LIC #0B29370 Edgewood Partners Insurance Center (EPIC) [Alabama Branch - Branch ID 15491] 2720 3rd Avenue South Suite 100 Birmingham, AL 35233		CONTACT NAME: Alex Ransburgh PHONE (A/C, No. Ext): 205-581-3331 FAX (A/C, No): E-MAIL ADDRESS: alex.ransburgh@epicbrokers.com															
INSURED Sellenriek Construction, Inc Po Box 237 Jonesburg, MO 63351		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: PHOENIX INS CO</td> <td>25623</td> </tr> <tr> <td>INSURER B: TRAVELERS PROP CAS CO OF AMER</td> <td>25674</td> </tr> <tr> <td>INSURER C: TRAVELERS PROP CAS INS CO</td> <td>36161</td> </tr> <tr> <td>INSURER D: AXIS SURPLUS INS CO</td> <td>26620</td> </tr> <tr> <td>INSURER E: ST PAUL SURPLUS LINES INS CO</td> <td>30481</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: PHOENIX INS CO	25623	INSURER B: TRAVELERS PROP CAS CO OF AMER	25674	INSURER C: TRAVELERS PROP CAS INS CO	36161	INSURER D: AXIS SURPLUS INS CO	26620	INSURER E: ST PAUL SURPLUS LINES INS CO	30481	INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 64271646

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10MM Cap GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	DT-CO-2N242115-PHX-21	03/12/21	03/12/22	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	810-2793C339	03/12/21	03/12/22	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-2N334697-21-26	03/12/21	03/12/22	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	UB-2N334046-21-26-G	03/12/21	03/12/22	<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
D	Excess Liab - Layer 2			P00100030975102	03/12/21	03/12/22	Each Occ/Agg 6,000,000
B	Leased & Rented Equipment			QT-630-6P652613-TIL-21	03/12/21	03/12/22	Any One Item 500,000
E	Pollution Prof Liability			ZCD 51N40534	03/12/21	03/12/22	See Below SeeBelow

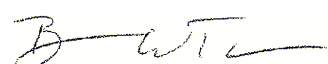
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Pollution Professional Liability Policy Limits:
 Each Pollution Condition Limit \$5,000,000
 Each Act, Error or Omission Limit \$5,000,000
 Shared Aggregate Limit \$7,000,000

See Attached Additional Wording

CERTIFICATE HOLDER

CANCELLATION

City of Lee's Summit 220 SE Green Street Lee's Summit, MO 64063 USA	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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ACORD 25 (2016/03)

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64271646

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
01/04/2022

NAME OF INSURED: Sellenriek Construction, Inc

Additional Description of Operations/Remarks from Page 1:

The City of Lee's Summit, its assigns, officers, directors, officials and employees are named as additional insureds as respects to General and Auto Liability (on a primary and non-contributory basis) as required by written contract; Excess/Umbrella is follow form; General Liability additional insured endorsement includes ongoing and completed operations; Waiver of Subrogation is issued in favor of The City of Lee's Summit, its assigns, officers, directors, officials and employees as respects to General Liability, Auto Liability and Workers Compensation (where allowable by law) as required by written contract; All policies contain a 30 day notice of cancellation (10 for non-pay) subject to policy terms and conditions;

Additional Information: