



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/23/2021

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).

<b>PRODUCER</b> Zurich - Account Service Center 7045 College Blvd. Overland Park, KS 66211 Fax: 888-734-6776 Ph: 877-225-5276	<b>CONTACT NAME:</b> Zurich - Account Service Center <b>PHONE (A/C No. EXT):</b> 877-225-5276 <b>FAX (A/C No):</b> 888-734-6776 <b>E-MAIL ADDRESS:</b> service.center@zurichna.com														
<b>INSURED</b> M021055977 SOAVE AUTOMOTIVE GROUP, INC 9400 W 65TH STREET MERRIAM, KS 66203	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Zurich American Insurance Company</td><td>16535</td></tr><tr><td>INSURER B: American Guarantee and Liability Ins. Co.</td><td>26247</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Zurich American Insurance Company	16535	INSURER B: American Guarantee and Liability Ins. Co.	26247	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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	ADM1064271-04	11/01/2021	11/01/2022	EACH OCCURENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADM 1064271-04	11/01/2021	11/01/2022	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	AUC 1065490-04	11/01/2021	11/01/2022	EACH OCCURENCE	\$10,000,000
							AGGREGATE	\$30,000,000
							PRODUCTS-COMP/OP AGG	\$30,000,000
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE -EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Garagekeepers - Direct Coverage	<input type="checkbox"/>	<input type="checkbox"/>	ADM1064271-04	11/01/2021	11/01/2022	Total Policy Aggregate Limit	\$3,100,000

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

Reason for Certificate: GENERAL LIABILITY

See Additional Remarks Schedule Attached

## CERTIFICATE HOLDER

SOAVE AUTOMOTIVE GROUP INC  
9400 W 65TH ST  
SHAWNEE MISSION, KS 66203

Attn:  
Fax:

## CANCELLATION

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

*Mark G. Kampfer*

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Zurich - Account Service Center		<b>NAMED INSURED</b> SOAVE AUTOMOTIVE GROUP, INC 9400 W 65TH STREET MERRIAM, KS 66203	
<b>POLICY NUMBER</b> ADM1064271-04		<b>EFFECTIVE DATE:</b> 11/01/2021	
<b>CARRIER</b> Zurich American Insurance Company	<b>NAIC CODE</b> 16535		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products - Completed Operations Aggregate of \$3,000,000 applies to the Garage Liability.

Additional Named Insured(s) Include: T.E.N. INVESTMENTS, INC. DBA ARISTOCRAT MOTORS, T.E.N. INVESTMENTS, INC. DBA LAND ROVER OF MERRIAM, T.E.N. INVESTMENTS, INC. DBA JAGUAR OF MERRIAM, T.E.N. INVESTMENTS, INC. DBA SMART CENTER OF MERRIAM, T.E.N. INVESTMENTS, INC. DBA PORSCHE KANSAS CITY, KCMER INVESTMENTS, INC. DBA MERCEDES-BENZ OF KANSAS CITY, SAG TOPEKA, INC., DBA BMW OF TOPEKA AND VOLKSWAGEN OF TOPEKA, ARM PO, INC. DBA ARISTOCRAT MOTORS LEE'S SUMMIT, KCMER INVESTMENTS, INC. DBA SPRINTER OF KANSAS CITY

Covered Location(s) Include: 9400 W 65TH STREET MERRIAM,KS,66203; 9400 W 65TH STREET REAR OF LOC 1 MERRIAM,KS,66203; 9400 W 65TH STREET 2ND REAR OF LOC 1 MERRIAM,KS,66203; 9401 W 65TH STREET MERRIAM,KS,66203; 6500 CARTER STREET MERRIAM,KS,66203; 9415 W 65TH STREET MERRIAM,KS,66203; 9415 W 65TH STREET REAR OF LOC 4-1 MERRIAM,KS,66203; 3030 SOUTH KANSAS AVE TOPEKA,KS,66611; 122 SE 31ST STREET TOPEKA,KS,66611; 9405 W 65TH STREET MERRIAM,KS,66203; 704 SE OLDHAM COURT LEE'S SUMMIT,MO,64081; 13851 MADISON AVENUE KANSAS CITY,MO,64145; 13871 MADISON AVENUE SE OF LOC 5-1 KANSAS CITY,MO,64145; 701 SE OLDHAM CT LEE'S SUMMIT,MO,64081; 650 SE OLDHAM PARKWAY LEE'S SUMMIT,MO,64081