

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/05/2024

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>dba The MJ Companies</b> <b>PO Box 3430</b> <b>Carmel, IN 46082-3430</b>		<b>CONTACT NAME:</b> The MJ Companies <b>PHONE (A/C, No, Ext):</b> 317 805-7542 <b>E-MAIL ADDRESS:</b> certificate@themjcos.com <b>FAX (A/C, No):</b> 317 805-7515	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> The Cincinnati Insurance Company	<b>NAIC #</b> <b>10677</b>
<b>INSURED</b> <b>Cityscape Construction - Tudor, LLC</b> <b>10 W. Carmel Drive</b> <b>Suite 200</b> <b>Carmel, IN 46032</b>		<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

## 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	EPP0566560	02/28/2024	02/28/2025	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 <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	EPP0566560	02/28/2024	02/28/2025	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 <input checked="" type="checkbox"/> RETENTION \$0	Y	Y	EPP0566560	02/28/2024	02/28/2025	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	RENTED/LEASED EQUIPMENT			EPP0566560	02/28/2024	02/28/2025	LIMIT: \$350,000 DEDUCTIBLE: \$500

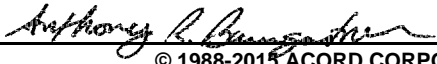
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 09/20 (see attached endorsement) and Automobile Liability endt AA4171 06/20 are (See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Lee's Summit, Missouri</b> <b>220 SE Green Street</b> <b>Lees Summit, MO 64063</b>	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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## DESCRIPTIONS (Continued from Page 1)

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

Waiver of Subrogation applies to the Certificate Holder and others as defined in the written agreement and the General Liability endorsement GA233 09/20 and Automobile Liability endt AA4172 09/09 subject to the terms, conditions and exclusions on the policy(ies) as permitted by law, when required by written contract.

Primary & Noncontributory applies to the Certificate Holder and others as defined in the written agreement and the General Liability endorsement GA233 09/20, Automobile Liability endt AA4174 11/05, and Umbrella Liability endt US4096 01/21 subject to the terms, conditions and exclusions on the policy(ies).

Umbrella coverage extends over General Liability, Automobile Liability, and Employers Liability and is form following in regard to Additional Insured and Waiver of Subrogation as defined by endorsement US101UM 09/20 and subject to the policy terms, conditions and exclusions on the policy.