

**NARRATIVE OF PROPOSED EVENT
TOUR DE LAKES PRACTICE / TRAINING RIDE
MAY 17, 2025
8a to 1:30p**

The participants in the practice ride will gather at Aristocrat Motors Lee's Summit starting at approximately 8:00 a.m. on May 17, 2025.

Parking will be in the lot adjacent to the dealership (the previous roller rink). Therefore parking will not be on public roads.

The toilets at the dealership and roller rink will be available for the participants so we will not be using portable toilets.

Signage for the parking and event will be confined to the area around the dealership and will not be on the public roads. It will be "Event Parking" and "Event Entrance" signage. These signs will be removed after the start of the ride.

Directional signage for the practice ride will be put out for the direction and safety of the riders. They will also have maps for the two routes. (attached)

The routes for the ride are attached and are laid in such a way that no special escorts or road closures will be needed. These routes are very close to the routes used last year for this event. The only variable will be the water or SAG stop in the Longview Community Center Lot will be in one of the outer lots, closer to the route for better visibility and higher use by the riders.

At the end of the ride, the riders will return to the dealership and will partake in lunch served by a food truck, "The Moose Truck" which is a subsidiary of KC Hopps Restaurants.

We expect the ride and the lunch to conclude by 1:30 p.m. At that time the Food Truck and the signage will be removed.



Hannah Reese
Director of Marketing
Soave Automotive Group
Aristocrat Motors Lee's Summit



SOAVAUT-01

CNUCKOLLS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/5/2024

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rich & Cartmill, Inc. 4945 N. Towne Centre Drive Ozark, MO 65721	CONTACT NAME	FAX (A/C, No) (417) 581-4045	
	PHONE (A/C, No, Ext) (417) 581-4003	E-MAIL ADDRESS richcartmill@rcins.com	
INSURED Soave Automotive Group Inc. 9400 W 65th St Merriam, KS 66203	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Columbia Casualty Company		31127
	INSURER B:		
	INSURER C:		
	INSURER D:		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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"/> Garage Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		AYA763321214	11/1/2024	11/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		AYA763321214	11/1/2024	11/1/2025	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		AYU763337753	11/1/2024	11/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 20,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> 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	Garage Keepers		AYN7633289938	11/1/2024	11/1/2025	Total of Loc Limits 7,300,000

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

Additional Named Insureds Include:

T.E.N. Investments, Inc. DBA Aristocrat Motors
T.E.N. Investments, Inc. DBA Land Rover of Kansas City
T.E.N. Investments, Inc. DBA Jaguar of Kansas City
T.E.N. Investments, Inc. DBA Jaguar of Merriam
T.E.N. Investments, Inc. DBA Porsche Kansas City
KCMER Incestments, Inc. DBA Mercedes Benz of Kansas City
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

City of Lee's Summit
220 SE Green St.
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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Rich & Cartmill, Inc.		NAMED INSURED Soave Automotive Group Inc. 9400 W 65th St Merriam, KS 66203	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:

SAG Topeka, Inc. DBA BMW of Topeka
SAG Topeka, Inc. DBA Volkswagen of Topeka
ARM PO, Inc. DBA Aristocrat Motors Lee's Summit
KCMER Investments, Inc. DBA Sprinter of Kansas City

Covered Locations:

9400-9415 W 65th St and 9510 W 67th St. and 6500 Carter, Merriam, KS 66203
13851-13871 Madison Avenue, Kansas City, MO 64145
3030-3100 South Kansas Avenue & 122 SE 31st St., Topeka, KS 66611
700-704 SE Oldham Ct., Lees Summit, MO 64081

30 Day notice of cancellation applies except for cancellation due to nonpayment of premium.

Garage Keepers Liability Limits per Location:

9400 West 65th Street Merriam KS 66203	\$1,500,000
9405 West 65th Street Merriam KS 66203	\$1,500,000
9415 West 65th Street Merriam KS 66203	\$800,000
6500 Carter Avenue Merriam KS 66203	\$300,000
13851 Madison Avenue Kansas City MO 64145	\$1,000,000
13871 Madison Avenue Kansas City MO 64145	\$600,000
3030 South Kansas Avenue Topeka KS 66611	\$800,000
122 Southeast 31st Street Topeka KS 66611	\$800,000



LEE'S SUMMIT MISSOURI

Special Event Permit Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: Tour de Lakes Training Ride

☒ Athletic Event ☐ Mobile Food Vendor ☐ Event Signage ☐ Other

EVENT DATE(S): May 17 2025 EVENT TIME(S): 8:00AM to 1:30pm

EVENT LOCATION/ADDRESS: Aristocrat Motors Lee's Summit

704 SE Oldham Ct. Lee's Summit Mo ZONING OF PROPERTY: _____
64081

APPLICANT: Hannah Reese (Aristocrat Motors Lee's Summit) PHONE: 913.677.7459

CONTACT PERSON: Hannah Reese FAX: -

ADDRESS: 704 SE Oldham Rd. CITY/STATE/ZIP: Lee's Summit

EMAIL: hannah.reese@scaveauto.com

PROPERTY OWNER: Aristocrat Motors Lee's Summit PHONE: 913.677.3300

CONTACT PERSON: Hannah Reese FAX: -

ADDRESS: 704 SE Oldham Ct. CITY/STATE/ZIP: Lee's Summit
MO 64081

PROPERTY OWNER

Print name: _____



APPLICANT

Hannah Reese

Administrative Notes (do not write below this line)

Approved Development Services Department

Development Services Department | 220 SE Green Street, Lee's Summit, MO 64063
P: 816.969.1200 | F: 816.969.1201 | www.cityofls.net/Development



Special Event Permit Checklist

***A Completed Checklist Must Be Submitted With Each Special Event Permit Application**

Met	Not Met	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Applicant – Name, Address and Telephone Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Property Owner – Name, Address and Telephone Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Written approval from the property owner agreeing to the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Description of the site on which the proposed event is to be held
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Date(s) of the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. a narrative written description of the proposed event, to include: <ul style="list-style-type: none"> the hours of operation, 8-11PM anticipated attendance, 80-100 bikeriders any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. A site plan showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets and property lines.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Location and number of proposed temporary public toilets
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Proposed temporary potable water supplies, which shall be approved by the Water Utilities Department, pursuant to applicable City codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Proof of liability insurance at time of application Attached + individual riders will fill out a liability waiver
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official