



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2018

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 | CONTACT NAME: Patrick Moss PHONE (A/C No. Ext): (816) 960-9675 E-MAIL ADDRESS: | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED OVERLAND CONTRACTING INC. 600 N GREENFIELD PKWY GARNER, NC 27529 United States | INSURER A: Zurich American Insurance Company | NAIC # 16535 |
| | INSURER B: American Zurich Insurance Company | 40142 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 353723

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 | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> PD & C/O & XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GLO 0139245 – Large Works/Small Works | 11/1/2017 | 11/1/2018 | EACH OCCURRENCE | \$ \$1,000,000 | |
| A | | | | | GLO 4641367 – Divisional Works | 11/1/2017 | 11/1/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ \$300,000 |
| A | | | | | GLO 4641358 - Corporate | 11/1/2017 | 11/1/2018 | 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 checked="" type="checkbox"/> ANY AUTO <input checked="" 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 | | | BAP 4641355 | 11/1/2017 | 11/1/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ \$1,000,000 | |
| | | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ | \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE | \$ | |
| | | | | | | | AGGREGATE | \$ | |
| | | | | | | | | \$ | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | WC 0139244 | 11/1/2017 | 11/1/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | | |
| A | | | | | WC 4641354 (ID, MA, WI) | 11/1/2017 | 11/1/2018 | E.L. EACH ACCIDENT | \$ \$1,000,000 |
| B | | | | | WC 4641353 (AOS) | 11/1/2017 | 11/1/2018 | E.L. DISEASE - EA EMPLOYEE | \$ \$1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ \$1,000,000 | |

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

Project Manager/Contact: ROCA, CLAUDIA

Please see page 2 for additional information

CERTIFICATE HOLDER
 City of Lee's Summit
 220 SE Green
 Lee's Summit, MO 64063
 United States
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

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ADDITIONAL REMARKS SCHEDULE

| | |
|--|---|
| AGENCY Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 | NAMED INSURED OVERLAND CONTRACTING INC. 600 N GREENFIELD PKWY GARNER, NC 27529 United States |
| EFFECTIVE DATE: 11/1/2017 | |

ADDITIONAL REMARKS

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

Additional Wording: Business License

City of Lee's Summit is included as an Additional Insured as applicable and required by executed, written contract on the following policies:
General Liability
Automobile Liability



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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| PRODUCER Aon Risk Services Central, Inc. 8182 Maryland Avenue, 15th Floor St, Louis, MO 63105 USA | CONTACT NAME: Tom U. Krippene PHONE (A/C. No. Ext): (314) 854-0817 E-MAIL ADDRESS: | FAX (A/C. No.): (847) 953-5390 | | | | | | | | | | | | | |
|---|--|---------------------------------------|-------------------------------|--------|--------------------|--|--|-------|--------------------|--|--------------------|--|--------------------|--|--------------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B : Lexington Insurance Company</td> <td>19437</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 : | | INSURER B : Lexington Insurance Company | 19437 | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : | | | | | | | | | | | | | | | |
| INSURER B : Lexington Insurance Company | 19437 | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |
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| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input 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 | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 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 DED RETENTION \$ | | X | 62785285 | 11/1/2017 | 11/1/2018 | Each Occurrence/Aggregate \$ \$1,000,000 \$ \$ |
| | 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 N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

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AUTHORIZED REPRESENTATIVE

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FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

| | | | | | | |
|--|--|--|--|--|--|--|
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Additional Wording: Business License

The Umbrella policy follows form of the following policies:

- General Liability:
GLO 0139245 – Large Works/Small Works
GLO 4641367 – Divisional Works
GLO 4641358 - Corporate

Auto Liability:
BAP 4641355

Employer's Liability:
WC 0139244
WC 4641354 (ID, MA, WI)
WC 4641353 (AOS)

City of Lee's Summit is included as an Additional Insured as applicable and required by executed, written contract on the following policies:
Umbrella/Excess Liability