

CERTIFICATE OF LIABILITY INSURANCE

8/16/2020

DATE (MM/DD/YYYY) 3/20/2020

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).

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PRODUCER Lockton Companies				CONTACT NAME:						
444 W. 47th Street, Suite 900					PHONE FAX (A/C, No, Ext): (A/C, No):					
Kansas City MO 64112-1906					E-MAIL ADDRESS:					
(816) 960-9000					INSURER(S) AFFORDING COVERAGE NAIC #				NAIC#	
					INSURER A : Covings	on Specialt	y Insurance Company		13027	
INSL	DXI IRANSPORTIT	INSURER B: TT Club Mutual Insurance Limited				84975				
1462838 8101 COLLEGE BLVD, STE 110				INSURER C: Riverport Insurance Company				36684		
	OVERLAND PARK KS 66210				INSURER D :					
		INSURER E :								
					INSURER F:					
_				NUMBER: 1628652					XXXXX	
IN C E	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 ADDLISUBR POLICY EFF POLICY EXP									
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	X COMMERCIAL GENERAL LIABILITY	N	N	VBA748505 00	4/1/2020	4/1/2021	EACH OCCURRENCE	\$ 2,00	00,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100),000	
							MED EXP (Any one person)	\$ 5,00	00	
									00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								00,000	
	X POLICY PRO- JECT LOC								XXXXX	
_	OTHER:						COMBINED SINGLE LIMIT	\$		
В	AUTOMOBILE LIABILITY	N	N	A0589/2020/001	4/1/2020	4/1/2021	(Ea accident)		00,000	
	ANY AUTO OWNED SCHEDULED								XXXXX	
	AUTOS ONLY AUTOS NON-OWNED						DDODEDTY DAMAGE		XXXXX	
	AUTOS ONLY AUTOS ONLY						(Per accident)		XXXXX	
	X BROKER OPS	S							XXXXX	
	UMBRELLA LIAB OCCUR			NOT APPLICABLE			EACH OCCURRENCE		XXXXX	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		XXXXX	
	DED RETENTION \$ WORKERS COMPENSATION						PFR OTH-	<u> </u>	XXXXX	
С	AND EMPLOYERS' LIABILITY Y / N		N	KSARP310405	8/16/2019	8/16/2020	X PER OTH-ER	1.0		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT		00,000	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	,	,	
В	DÉSCRIPTION OF OPERATIONS below CARGO LIABILITY	N	NI	A 0590/2020/001	4/1/2020	4/1/2021	E.L. DISEASE - POLICY LIMIT LIMIT: \$100,000	\$ 1,00	00,000	
6	CARGO LIABILITI	IN	N	A0589/2020/001	4/1/2020	4/1/2021	LIMIT. \$100,000			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
250	2223. 12. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2									

CERTIFICATE HOLDER	CANCELLATION				
16286520 FOR INFORMATION PURPOSES ONLY	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 REPRESENTATIVES JOSH M Agnella				