

CERTIFICATE OF LIABILITY INSURANCE

6/1/2017

DATE (MM/DD/YYYY) 12/5/2016

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 (A/C, No, Ext):	FAX (A/C, No):		
	Kansas City MO 64112-1906 (816) 960-9000	E-MAIL ADDRESS:	(112)		
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Hartford Fire Insurance Company	19682		
INSURED 1013472	HDR ENGINEERING INC 8408 INDIAN HILLS DR OMAHA NE 68114	INSURER B: Travelers Property Casualty Co of Am	erica 25674		
		INSURER C: American Zurich Insurance Comp	any 40142		
		INSURER D: Lexington Insurance Company	19437		
		INSURER E :			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 14406189 REVISION NUMBER: XXXXXXX

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR		ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Y	37CSEQU0950	6/1/2016	6/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	X CONTRACTUAL LIAB INC						MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A A		N	N	37CSEQU0951 (AOS) 37CSEQU0952 (HI)	6/1/2016 6/1/2016	6/1/2017 6/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
Α	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			37CSEQU1160 (MA)	6/1/2016	6/1/2017	BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXXX \$ XXXXXXX
B B	EXCESS LIAB CLAIMS-MADE	N	N	ZUP-10R64084-16-NF (EXCLUDES PROF LIAB)	6/1/2016 6/1/2016	6/1/2017 6/1/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
С	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	0381127	7/1/2016	7/1/2017	\$ XXXXXXX X PER
D	D ARCHS & ENGS PROFESSIONAL LIABILITY		N	061853691	6/1/2016	6/1/2017	PER CLAIM: \$1,000,000 AGGREGATE: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROPOSED CONTRACT FOR ON CALL PROGRAM. CITY OF LEE'S SUMMIT, MISSOURI IS NAMED AS AN ADDITIONAL INSURED ON GENERAL
LIABILITY AS PER WRITTEN CONTRACT, ON A PRIMARY, NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION APPLIES WHERE
ALLOWABLE BY LAW. 30 DAYS NOTICE OF CANCELLATION APPLIES, 10 DAYS NOTICE FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER	CANCELLATION See Attachment
14406189 CITY OF LEE'S SUMMIT ATTN: JEFF THORN 220 SE GREEN STREET LEE'S 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.
ELL'S SCIVILITE MO 04003	AUTHORIZED REPRESENTATIVE
1	Japh M Agnello

POLICY NUMBER: 37 CSE QUO950

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-SCHEDULED PERSON OR ORGANIZATION

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

NAME OF ADDITIONAL INSURED PERSON(S) LOCATION(S) OF COVERED OPERATIONS OR ORGANIZATION(S)

BLANKET AS PER WRITTEN CONTRACT, ON A PRIMARY, NON-CONTRIBUTORY BASIS

INFORMATION REQUIRED TO COMPLETE THIS SCHEDULE IF NOT SHOWN ABOVE, WILL BE SHOWN IN DECLARATIONS.

A. SECTION II - WHO IS AN INSURED IS AMENDED TO INCLUDE AS AN ADDITIONAL INSURED THE PERSON(S) OR ORGANIZATION(S) SHOWN IN THE SCHEDULE, BUT ONLY WITH RESPECT TO LIABILITY FOR "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" CAUSED, IN WHOLE OR IN PART BY:

- 1. YOUR ACTS OR OMISSIONS; OR
- 2. THE ACTS OR OMISSIONS OF THOSE ACTING ON YOUR BEHALF;

IN THE PERFORMANCE OF YOUR ONGOING OPERATIONS FOR THE ADDITIONAL INSURED(S) AT THE LOCATION(S) DESIGNATED ABOVE.

HOWEVER:

- 1. THE INSURANCE AFFORDED TO SUCH ADDITIONAL INSURED ONLY APPLIES TO THE EXTENT PERMITTED BY LAW; AND
- 2. IF COVERAGE PROVIDED TO THE ADDITIONAL INSURED IS REQUIRED BY A CONTRACT OR AGREEMENT, THE INSURANCE AFFORDED TO SUCH ADDITIONAL INSURED WILL NOT BE BROADER THAN THAT WHICH YOU ARE REQUIRED BY THE CONTRACT OR AGREEMENT TO PROVIDE FOR SUCH ADDITIONAL INSURED.
- **B.** WITH RESPECT TO THE INSURANCE AFFORDED TO THESE ADDITIONAL INSUREDS, THE FOLLOWING ADDITIONAL EXCLUSIONS APPLY:

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY" OR "PROPERTY DAMAGE" OCCURRING AFTER:

Miscellaneous Attachment: M5509 Certificate ID: 14406189

- 1. ALL WORK, INCLUDING MATERIALS, PARTS OR EQUIPMENT FURNISHED IN CONNECTION WITH SUCH WORK, ON THE PROJECT (OTHER THAN SERVICE, MAINTENANCE OR REPAIRS) TO BE PERFORMED BY OR ON BEHALF OF THE ADDITIONAL; INSURED(S) AT THE LOCATION OF THE COVERED OPERATIONS HAS BEEN COMPLETED; OR
- 2. THAT PORTION OF "YOUR WORK" OUT OF WHICH THE INJURY OR DAMAGE ARISES HAS BEEN PUT TO ITS INTENDED USE BY ANY PERSON OR ORGANIZATION OTHER THAN ANOTHER CONTRACTOR OR SUBCONTRACTOR ENGAGED IN PERFORMING OPERATIONS FOR A PRINCIPAL AS A PART OF THE SAME PROJECT.
- C. WITH RESPECT TO THE INSURANCE AFFORDED TO THESE ADDITIONAL INSUREDS, THE FOLLOWING IS ADDED TO **SECTION III-LIMITS OF INSURANCE**:

IF COVERAGE PROVIDED TO THE ADDITIONAL INSURED IS REQUIRED BY A CONTRACT OR AGREEMENT, THE MOST WE WILL PAY ON BEHALF OF THE ADDITIONAL INSURED IS THE AMOUNT OF INSURANCE:

- 1. REQUIRED BY CONTRACT OR AGREEMENT; OR
- **2.** AVAILABLE UNDER THE APPLICABLE LIMITS OF INSURANCE SHOWN IN THE DECLARATIONS; WHICHEVER IS LESS.

THIS ENDORSEMENT SHALL NOT INCREASE THE APPLICABLE LIMITS OF INSURANCE SHOWN IN THE DECLARATIONS.

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Miscellaneous Attachment: M5509 Certificate ID: 14406189 POLICY NUMBER: 37 CSE QUO950

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ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-COMPLETED OPERATIONS

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

NAME OF ADDITIONAL INSURED PERSON(S) OR ORGANIZATION(S)

LOCATIONS AND DESCRIPTIONS OF COMPLETED OPERATIONS

BLANKET WHEN REQUIRED BY WRITTEN CONTRACT

INFORMATION REQUIRED TO COMPLETE THIS SCHEDULE, IF NOT SHOWN ABOVE, WILL BE SHOWN IN THE DECLARATIONS.

A. SECTION II- WHO IS AN INSURED IS AMENDED TO INCLUDE AS AN ADDITIONAL INSURED THE PERSON(S) OR ORGANIZATION(S) SHOWN IN THE SCHEDULE, BUT ONLY WITH RESPECT TO LIABILITY FOR "BODILY INJURY" OR "PROPERTY DAMAGE" CAUSED, IN WHOLE OR IN PART, BY "YOUR WORK" AT THE LOCATION DESIGNATED AND DESCRIBED IN THE SCHEDULE OF THIS ENDORSEMENT PERFORMED FOR THAT ADDITIONAL INSURED AND INCLUDED IN THE "PRODUCTS-COMPLETED OPERATIONS HAZARD".

HOWEVER:

- 1. THE INSURANCE AFFORDED TO SUCH ADDITIONAL INSURED ONLY APPLIES TO THE EXTENT PERMITTED BY LAW; AND
- 2. IF COVERAGE PROVIDED TO THE ADDITIONAL INSURED IS REQUIRED BY A CONTRACT OR AGREEMENT, THE INSURANCE AFFORDED TO SUCH ADDITIONAL INSURED WILL NOT BE BROADER THAN THAT WHICH YOU ARE REQUIRED BY THE CONTRACT OR AGREEMENT TO PROVIDE FOR SUCH ADDITIONAL INSURED.
- **B.** WITH RESPECT TO THE INSURANCE AFFORDED TO THESE ADDITIONAL INSUREDS, HTE FOLLOWING IS ADDED TO **SECTION III-LIMITS OF INSURANCE**.

IF COVERAGE PROVIDED TO THE ADDITIONAL INSURED IS REQUIRED BY A CONTRACT OR AGREEMENT, THE MOST WE WILL PAY ON BEHALF OF THE ADDITIONAL INSURED IS THE AMOUNT OF INSURANCE:

- 1. REQUIRED BY THE CONTRACT OR AGREEMENT; OR
- 2. AVAILABLE UNDER THE APPLICABLE LIMITS OF INSURANCE SHOWN IN THE DECLARATIONS; WHICHEVER IS LESS.

THIS ENDORSEMENT SHALL NOT INCREASE THE APPLICABLE LIMITS OF INSURANCE SHOWN IN THE DECLARATIONS.

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