

# **Board of Aldermen Request for Action**

#### **MEETING DATE:** 12/6/2022

**DEPARTMENT:** Administration

**AGENDA ITEM:** Resolution 1156, Annual Fireworks Event Permit – White Iron Ridge

## **REQUESTED BOARD ACTION:**

A Motion to approve Resolution 1156, approving an annual fireworks event permit for White Iron Ridge at 815 East 92 Highway.

#### SUMMARY:

The White Iron Ridge Event Center at 815 East 92 Highway seeks approval hosted at the center for an annual fireworks event permit to discharge fireworks as a part of celebrations. The City Code, Section 205.2210.B.5. states, in relevant part: "Fireworks may only be discharged in accordance with the following: . . . 5. In an approved fireworks display."

The annual permit approval by the Board of Aldermen is required for locations holding more than one display annually. Once approved by the Board of Aldermen, each display throughout the year may be approved administratively by submitting application for approval by the City Administrator.

#### **PREVIOUS ACTION:**

At the October 4, 2022 Work Session, the Board directed that an annual permit be submitted for approval of the Board. Once the Board has approved the annual permit the entity will submit fireworks event applications on a case-by-case basis for administrative approval.

Resolution 1136 for the amended Policy Manual was approved on October 18, 2022 with the effective date of November 1, 2022.

### POLICY ISSUE:

Current code does not describe any specifics other than Board approval.

#### FINANCIAL CONSIDERATIONS: N/A

### **ATTACHMENTS:**

- □ Ordinance □ Contract  $\Box$  Plans  $\boxtimes$  Resolution
- □ Staff Report
- ☑ Other: application

□ Minutes

### **RESOLUTION 1156**

#### A RESOLUTION APPROVING THE ANNUAL FIREWORKS EVENT PERMIT

**WHEREAS**, City Code Section 205.2210 restricts the discharge of fireworks to certain days and/or under certain conditions, and

**WHEREAS**, one such condition that allows fireworks to be discharged is in Section 205.2210.B.5. which states, "In an approved fireworks display"; and

**WHEREAS**, fireworks annual event permit approval by the Board of Aldermen is required for locations holding more than one display annually; and

**WHEREAS**, once the annual fireworks event permits is approved by the Board of Alderman each display throughout the year will need to be approved administratively by submitting application for approval by the City Administrator; and

**WHEREAS**, White Iron Ridge has completed the required application for the annual fireworks events permit.

### NOW THEREFORE BE IT RESOLVED BY THE BOARD OF ALDERMEN OF THE CITY OF SMITHVILLE, MISSOURI, AS FOLLOWS:

## THAT WHITE IRON RIDGE EVENT CENTER IS HEREBY APPROVED TO THE ANNUAL FIREWORKS EVENT PERMIT.

**PASSED AND ADOPTED** by the Board of Aldermen and **APPROVED** by the Mayor of the City of Smithville, Missouri, the 6<sup>th</sup> day of December 2022.

Damien Boley, Mayor

ATTEST:

Linda Drummond, City Clerk



# **Annual Fireworks Event Permit Application**

Date: 11/8/2022

Company Name White Iron Ridge	Address 815 State Route 92 Hwy				
Phone 816-304-1256	mail Address manda@whiteironridge.com				
Contact Information					
Name	Phone				
Amanda Ready	816-304-1256				
Smithville Business License Number					
2109					
Display Details					
Location of the Display White Iron Ridge Field. This area is main	tained and at a safe distance from the building.				

#### Please Attach the Following Required Items:



A copy of a current certificate of insurance emailed to Linda

A copy of written approval of the event from the Smithville Area Fire Protection District

A written plan of notification to the area residents

Types and Sizes of fireworks that are to be used in the display

I agree to the terms set by the City of Smithville Fireworks Event Policy.

Ready Applicant Signature

11/8/2022

Date

Damien Boley, Mayor

Date

ACORD

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

Central Bank of the Midwest Central Bank of the Midwest S0 2011 Servers and Servers Accel Laboration Servers Accel Labor										/08/2022		
If SUBSIGATION IS MAVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate loads not certificate holder in lise of such endorsements).  PROUVER AHI Group 2143 E 151st Street Olathe, KS 66062 License #: 262718591-000 NUMERE a: Same and conditioned the mission of the policy, certain policies may require an endorsement. A statement on the certificate holder in lise of the policy, certain policies may require an endorsement. A statement on the certificate holder in lise of the policy, certain policies may require an endorsement. A statement on the certificate holder in lise of the policy, certain policies may require an endorsement. A statement on the certificate holder in lise of the policy, certain policies may require an endorsement. A statement on the certificate holder in lise of the policy statement and the statement of the policy statement. The policy statement and the policy statement and the policy statement and the policy statement of the policy statement. The policy statement and the policy statement and the policy statement and the policy statement and the policy statement. The policy statement and the policy statement and the policy statement and the policy statement. The policy statement and the policy statement	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.											
AHI Group 2143 E 151st Street Olathe, KS 66062 License #: 262718591-000       Image: Distribution of the street stre	If SUBROGATION IS WAIVED, subject	to the	tern	ns and conditions of the	policy	, certain poli	cies may rec	AL INSURED provisions juire an endorsement.	s or be A state	endorsed. ement on		
2143 E 1 61 st Street       [20] <t< th=""><th colspan="10"></th></t<>												
Diatho, KS 5602 License #: 262718591-000 NINUMERS License #: 262718591-000 NINUMERS Second Wind Reserve, LLC DBA White Ion Ridge Sit State Hwy 92 Sit State Hw	-				PHONE (A/C, N	o, Ext): 913-8	39-1478	FAX (A/C, No)	913-8	39-1479		
License #: 262718591-000      HNURE      Second Wind Reserve, LLC DBA White Iron Ridge     B15 State Hwy 22     Smithville, MO 64089      Smithville, MO 64089      CERTIFICATE NUMBER: 0:     HNURER: 0:     HNUR						E-MAIL						
INSURED       Second Wind Reserve, LLC       Insures a:       Insures a:       Insures a:         BA White Iron Ridge       Bit State Hwy 92       Insures a:       Insures a:       Insures a:         Second Wind Reserve, LLC       DBA White Iron Ridge       Insures a:       Insures a:       Insures a:         Sit State Hwy 92       Smithville, MO 64089       Insures a:       Insures a:       Insures a:       Insures a:         COVERACES       CERTIFICATE NUMBER: 0001487241778       Revision Number: 6       Insures a:       <	· ·	0				INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
Second Wind Fors Ridge Bit State Hwy 92 Smithville, MO 64089					INSURE	18988						
DBA White from Ridge 316 State Hwy 32 Smithville, MO 64089     INSURER E :::::::::::::::::::::::::::::::::	Second Wind Reserve, L	LC			INSURE	R B :						
B15 State Hwy 92       INSURE 0:       Insure 0:         Smithville, MO 64089       Insure 0:       Insure 0:       Insure 0:         SUBJECT 0:       COVERAGE       CENTFICATE NUMBER: 001472-0178       REVISION NUMBER: 0:         TITLS 10 CERTIFY THAT THE FOLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NOUCHEN DAD/ORE FOR THE POLICED PERSON DIVICATED. NOTHER DAD/ORE 00 SUB-0000: SUB-00000: SUB-00000: SUB-0000: SUB-0000: SUB-0000: SUB-00000: SUB-0000:					INSURE	RC:						
DIMENTING, INCOMENDS     INSURE F:     INFORMATION     INSURE F:     INFORMATION     INFO	815 State Hwy 92				INSURE	RD:						
COVERAGES         CERTIFICATE NUMBER:         00149729178         REVISION NUMBER:         6           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED TO THE INSURED TO COLVENT NUTH RESPECT TO WHICH THIS ECREMENT THAT THE POLICIES OF MAY PERTAIN.         POLICY FERIOD           EXTRICATE NOTWITH TATANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ECREMENT ANY PERSUBER OF ANALY PERTAIN.         MOUST OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.           EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.         MOUST OF SUCH POLICIES.         MUTS           A         COMMERCAL CREMENAL LABILITY         Y         75043825         09/01/2022         09/01/2022         EACH OCUMENTER S         3.00,000           WITH APPLIES PER.         Loc         NUTS         S.200,000         PREDUCED.         S.200,000           GENULADOREGAL CREARAL LABILITY         Y         75043825         09/01/2022         09/01/2023         EACH OCUMENTER S         S.200,000           OTHER         CAMPE SANDE         S.200,000         PREDUCES COMPANY AND S.200,000         PREDUCES COMPANY AND S.200,000         PREDUCES COMPANY AND S.200,000         S.200,000         PREDUCES COMPANY AND S.200,000         S.200,000         S.200,000         S.200,000         S.200,000         S.200,000         S.200,000         S.200,000         S.200,000	Smithville, MO 64089											
This IS TO CERTRY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURATE AGOVE FOR THE POLICY PERIOD         INDICATE: NOTWHISTANDING ANY REQUIREMENT. TERM OR CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS,         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SINGULATIONS MAY HAVE BEEN REDUCED BY THE POLICY EFF. INSURANCE AFFORDED BY THE POLICY EFF. INSURANCE AND CONTRICT AND AND CONTRACT AND AND AND CONTRACT AND AND AND CONTRACT			ATE	NUMPER. 00044072.0		RF:						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE DEEX REDUCED BY PAID CLAMS.         EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.         INTER       TOUCY NUMBER         A       COMMERCIAL GENERAL LUBURY       Y         INTERCENT       TS0400000000000000000000000000000000000						SSUED TO TH				PERIOD		
LTR       TYPE OF MORRARCE       INSD (WOD       POLICY NUMBER       (AMADDYYYY)       LINTS         A       X       COMMERCIA CENERAL INALITY       Y       75043825       09/01/2022       09/01/2022       09/01/2023       EACH OCCURRENCE \$ 1,000,000         DEMONSTRATE INIT APPLIES PER       Y       75043825       09/01/2022       09/01/2022       09/01/2023       09/01/2023       EACH OCCURRENCE \$ 3,000,000         GENERAL AGGREGATE INIT APPLIES PER       Y       75043825       09/01/2022       09/01/2022       09/01/2023       EACH OCCURRENCE \$ 3,000,000         GENERAL AGGREGATE INIT APPLIES PER       Y       7504382500       09/01/2022       09/01/2023       EACH OCCURRENCE \$ 3,000,000         A VTOMOBILE LIABILITY       BODILY NUMPY (Per acodem)       S       BODILY NUMPY (Per acodem)       S         A VTOMOS ONLY       ANTO SONLY       ANTO SONLY       ANTO SONLY       S       S         A VTORS ONLY       MORE SONLY       MORE SONLY       S       S       S         A X       UMBERENAL LIAB       X       OCCUR       S       S         A X       UMBERENAL LIAB       X       OCCUR       S       S         A X       UMBERENAL LIAB       X       OCCUR       S       S	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.											
CLAIMS-MADE       X       OCCUR       Status         Construction       x       Status       Status       Status         Construction       x       Status       Status       Status       Status         Construction       x       Status       Status       Status       Status       Status         Construction       x       Status	INSR LTR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ			
CLAMSAADE       A COOR       S 300,000            GENT.AGGREGATE LIMT APPLES PER. DEC (P) (MONORINE LABULTY MY ONORINE LIABILITY ANTO MONORINE LIABILITY ANTO SONLY AUTOS ONLY AUTOS O		Y		75043825		09/01/2022	09/01/2023		\$			
Image: Accord of the midwest for the midwest fo	CLAIMS-MADE X OCCUR								\$			
GENLAGGREGATE       LMIT APPLIES PER POLOY       GENERALAGGREGATE       \$ 2,000,000         OTHER:       AUTOMOBILE LABILITY       PRODUCTS - COMPROP AGG \$ 2,000,000         ANY AUTO       NAY AUTO       BODILY NURVPO PAGG \$ 3       2,000,000         OWNED       SCHEDULED       BODILY NURVPO PAGG \$ 3       2,000,000         AVITOMOBILE LABILITY       BODILY NURVPO PAGG \$ 3       2,000,000         OWNED       AVITO       BODILY NURVPO PAGG       \$         DOWNED       AVITOS ONLY       BODILY NURVPO PAGG       \$         A X UMBRELIA LIAB       COCUR       5404382500       09/01/2022       09/01/2023       EACH OCCURRENCE       \$         A X UMBRELIA LIAB       COCUR       CAME COLUMENT       \$       A       A       EXCESS LIAB       CLAIMS-MADE       A       A       BODILY NURVPO PAGGE       \$       A         WORKERS OWNERD       CLAIMS-MADE       DEGO COLURRENCE       \$       A       A       EXCESS LIAB       CLAIMS-MADE       A       A       EL DISEASE - EA EMPLOYEE \$       B       A       A       EL DISEASE - EA EMPLOYEE \$       EL DISEASE - POLICY LIMIT \$       E       EL DISEASE - EA EMPLOYEE \$       EL DISEASE - POLICY LIMIT \$									\$			
X       POULCY       JECC       PRODUCTS - COMPYOP AGG       \$ 2,000,000         OTHER       AUTOMOBILE LABILITY       COMBINED SINGLE LIM'       \$         AVYAUTO       BOOLY NUVRY (Per parson)       \$       BOOLY NUVRY (Per parson)       \$         AVYAUTO       AUTOS ONLY       AUTOS ONLY       BOOLY NUVRY (Per parson)       \$         AUTOS ONLY       AUTOS ONLY       BOOLY NUVRY (Per parson)       \$         AUTOS ONLY       AUTOS ONLY       BOOLY NUVRY (Per parson)       \$         PERCENTY DAMAGE       \$       BOOLY NUVRY (Per parson)       \$         A       Versees compresesson       \$       BOOLY NUVRY (Per parson)       \$         MORELELALIAB       CLAINS-MADE       5404382500       09/01/2022       09/01/2022       EACH OCCURRENCE       \$         MORELES COMPENSATION & AUTOS ONLY       Y/N       N/A       SETAUTE       \$       AGGRECATE       \$         OPEC RETETION S' LOCATIONS / LO												
OTHER       OTHER       S         A TOMOBILE LABILITY       I.B. accodenti, S       BODILY INUURY (Per pecce) S         OWNED       SCHEDULED       SCHEDULED       BODILY INUURY (Per accdent) S         OWNED       SCHEDULED       SCHEDULED       BODILY INUURY (Per accdent) S         OWNED       SCHEDULED       SCHEDULED       SCHEDULED         A X UNDS ONLY       AUTOS ONLY       SCHEDULED       S         DED       RETENTION S       CCCUR       S         DED       RETENTION S       SCHEDULED       S         WORKES SOMESASANON       AUTOS ONLY       N/A       S         ADED       CLAMM-MADE       S       S         VORKES SOMESASANON       AGREGATE       S         ADED       RETENTION S       M/A       EL AGREGATE       S         VORKES SOMESASANON       S       S       S       S         ADED PERPETORPARTNERKEXCUTIVE       Y/N       N/A       EL LOBEACH ACCDENT       S         VORKES SOMESASANON       S       S       S       S       S         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder. <td></td>												
Autonomic Lability       Contents       i.e. accidenti       \$         Autonomic Autonomic Model       Schedule       i.e. accidenti       \$         Average       Schedule       Bobility (NURY (Per paraon))       \$         Bobility (NURE Dr.Y)       Autonomic Monosonic       \$       Bobility (NURY (Per paraon))       \$         Bobility (NURY (Per accident)       \$       Bobility (NURY (Per accident))       \$       Bobility (NURY (Per accident))       \$         Autonomic Monosonic Per Volume Dr.Y       Autonomic Monosonic Per Volume Dr.Y       \$       Bobility (NURY (Per accident))       \$         Autonomic Monosonic Per Volume Dr.Y       Autonomic Monosonic Per Volume Dr.Y       \$       \$       \$         Autonomic Monosonic Per Volume Dr.Y       Autonomic Per Volume Dr.Y       \$       \$       \$         Monosonic Per Volume Dr.Y       Autonomic Per Volume Dr.Y       \$       \$       \$         Monosonic Per Volume Dr.Y       Autonomic Per Volume Dr.Y       \$       \$       \$         Monosonic Per Volume Dr.Y       N/A       \$       \$       \$       \$         Monosonic Per Volume Dr.Y       N/A       \$       \$       \$       \$       \$         Monosonic Per Volume Dr.Y       N/A       \$       \$       \$       <								PRODUCTS - COMP/OP AGG		2,000,000		
ANY AUTO       BODILY INJURY (Per person) \$         ANY AUTOS ONLY       AUTOS ONLY         AUTOS ONLY       NON-OWNED         AUTOS ONLY       AUTOS ONLY         AUTOS ONLY       MUTOS ONLY         AUTOS ONLY       N/A         BODILY INMARCE       Stockantention         AUTOS ONLY <td></td> <td>+</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		+										
Auros only       Auros only       Auros only       Auros only       PROPERTY accodem)       3         Auros only       Auros only       Auros only       PROPERTY accodem)       \$         Auros only       Auros only       S       S       S         Auros only       Auros only       S       S       S       S         Auros only       Auros only       S       S       S       S         Auros only       Auros only       N/A       S       S       S       S         Auros only       N/A       S       S       S       S       S         Auros only </td <td>ANY AUTO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td>	ANY AUTO								\$			
HIRED ONLY       NON-OWNED       PROPERTY DAMAGE       \$         A       WINSRELLA LLAB       X       OCCUR       \$         A       WINSRELLA LLAB       X       OCCUR       \$         DED       RETENTION \$       AGGREGATE       \$         WORKERS COMPENSATION       ALAIMS-MADE       PERTURE OF \$       AGGREGATE       \$         MORKERS COMPENSATION AND PARTIENER/EXECUTIVE       Y/N       N/A       PERTURE OF \$       AGGREGATE       \$         MORKERS COMPENSATION PARTIENER/EXECUTIVE       N/A       N/A       PERTURE OF \$       AGGREGATE       \$       BESCRIPTION OF OPERATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       E.L. DISEASE - POLICY LIMIT       \$       E.L. DISEASE - POLICY LIMIT       \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder.       S       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE POLICY PROVISIONS.         Central Bank of the Midwest 609 N 291 Hwy       EACH ACOUST       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE POLICY PROVISIONS.         Locan Strume MO       CANCELLATION       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE POLICY PROVISIONS.								BODILY INJURY (Per accident	\$			
A       X       UMBRELLA LIAB       X       OCCUR       \$	HIRED NON-OWNED								\$			
EXCESS LUAB       CLAIMS-MADE       AGGREGATE       \$         DED       RETENTION S       S       S         WORKENS COMPENSATION       STATUTE       EL       S         AND EMPLOYERS' LUBULTY       Y/N       N/A       EL EACH ACCIDENT       S         MAD EMPLOYERS' LUBULTY       Y/N       N/A       EL EACH ACCIDENT       S         CMMADADY IN NN)       H/Y ANY PEOPREMENT ANTINEXPEXECUTIVE       Y/N       N/A       EL DISEASE - EA EMPLOYEE S         CMMADADY IN NN)       H'yes, describe under       N/A       EL DISEASE - EA EMPLOYEE S       EL DISEASE - FOLICY LIMIT \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder.         Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder.       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE EVOLICY PROVISIONS.         Loss SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE EVOLICY PROVISIONS.									\$			
DED       RETENTION S       S         WORKERS COMPENSATION AND EMPLOYERS' LLABILITY AND FRORMETORINATINENCECUTIVE       Y/N MIA       STATUTE       DTH- STATUTE         AW PROPRETORINATION AND EMPLOYERS' LLABILITY AND EMPLOYERS' LLABILITY AND EMPLOYERS' LLABILITY AND EXCLUDED?       N / A       E.L. EACH ACCIDENT       S         AW PROPRETORINATION AND EMPLOYERS' LLABILITY AND EMPLOYERS' LLABILITY AND EMPLOYERS' LLABILITY AND EMPLOYERS' LLABILITY AND EXCLUDED?       N / A       E.L. EACH ACCIDENT       S         Contral Bank of OPERATIONS / LOCATIONS / VEHICLES       (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       E.L. DISEASE - POLICY LIMIT       S         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder.         Central Bank of the Midwest 609 N 291 Hwy       Expensite MOC 64096       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	A X UMBRELLA LIAB X OCCUR			5404382500		09/01/2022	09/01/2023	EACH OCCURRENCE	\$			
WORKERS COMPENSATION       WORKERS COMPENSATION       Image: Compensation with the service of the service o	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
AND EMPLOYERS LABILITY       Y/N       IstAture		+							\$			
Central Bank of the Midwest 609 N 291 Hwy       CancelLation         Central Bank of the Midwest 609 N 291 Hwy       CancelLation	AND EMPLOYERS' LIABILITY							STATUTE				
If yes, describe under       EL. DISEASE - POLICY LIMIT       s         DESCRIPTION OF OPERATIONS below       Image: Control of the second sec	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder.         CERTIFICATE HOLDER       CANCELLATION         Central Bank of the Midwest 609 N 291 Hwy       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Loss Summit MO 64096       Horizon Descention of the Midwest	(Mandatory In NH)											
Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder.  CERTIFICATE HOLDER  Central Bank of the Midwest 609 N 291 Hwy Loss Summit MO 64096	DESCRIPTION OF OPERATIONS below	+						E.L. DISEASE - POLICY LIMIT	\$			
Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder.  CERTIFICATE HOLDER  Central Bank of the Midwest 609 N 291 Hwy Loss Summit MO 64096												
CERTIFICATE HOLDER       CANCELLATION         Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         Coop Summit MO 64086       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         609 N 291 Hwy       ACCORDANCE WITH THE POLICY PROVISIONS.	Central Bank of the Midwest is Los	s Paye	ee a	nd Mortgagee as well	as ce	rtificate hol	lder.					
Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         609 N 291 Hwy       ACCORDANCE WITH THE POLICY PROVISIONS.												
Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         609 N 291 Hwy       ACCORDANCE WITH THE POLICY PROVISIONS.												
Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         609 N 291 Hwy       ACCORDANCE WITH THE POLICY PROVISIONS.												
Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         609 N 291 Hwy       ACCORDANCE WITH THE POLICY PROVISIONS.												
Central Bank of the Midwest       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         609 N 291 Hwy       ACCORDANCE WITH THE POLICY PROVISIONS.					CAN							
Central Bank of the Midwest 609 N 291 Hwy L 202 Summit MO 64086						CLLATION						
Lees Summit, MO 64086	609 N 291 Hwy					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	Lees Summit, MO 64086					AUTHORIZED REPRESENTATIVE						

© 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD Printed by DON on 11/08/2022 at 04:55PM

ACORD

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 11/08								08/2022				
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.												
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 AHI Group						CONTA NAME:	ст Scott	: Coffman			
		2143 E 151st	Street				PHONE (A/C, No	o, Ext): 913-8	39-1478	FAX (A/C, No):	913-83	39-1479
		Olathe, KS 6					É-MAIL ADDRE		@autohomel	kc.com		
License #: 262718591-000								DING COVERAGE		NAIC #		
						INSURER A: Auto-Owners Insurance					18988	
INSU	RED	Second Wind	d Reserve, Ll	LC			INSURE	RB: Berks	shire Hath	away		13070
		DBA White In	ron Ridge				INSURE					
		815 State Hw					INSURE					
		Smithville, M	10 64089				INSURE					
co	VER	AGES	CER	TIFI	CATE	NUMBER: 00014872-1				REVISION NUMBER:	7	
Т	IIS I	S TO CERTIFY THAT	T THE POLICIES (	OF IN	SURA	NCE LISTED BELOW HAVE	BEEN I		E INSURED N	AMED ABOVE FOR THE P	OLICY F	
C E	ERTI	FICATE MAY BE ISS	SUED OR MAY PE	RTAI Poli	N, THI CIES.	T, TERM OR CONDITION OF E INSURANCE AFFORDED I LIMITS SHOWN MAY HAVE	BY THE	POLICIES DE REDUCED BY	SCRIBED HER PAID CLAIMS.	REIN IS SUBJECT TO ALL	o whic The ter	CH THIS RMS,
INSR LTR		TYPE OF INSU			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
<b>A</b>	X	COMMERCIAL GENER				75043825		09/01/2022	09/01/2023	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	XOCCUR							PREMISES (Ea occurrence)	\$	300,000
										MED EXP (Any one person)	\$	10,000
						·				PERSONAL & ADV INJURY	\$	1,000,000
	GEI X	N'L AGGREGATE LIMIT A POLICY PRO- JECT								GENERAL AGGREGATE	\$	2,000,000
	^		LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT									COMBINED SINGLE LIMIT	\$	
		ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$	
Α	X	UMBRELLA LIAB	X OCCUR			5404382500		09/01/2022	09/01/2023	EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE	-						AGGREGATE	\$	
	MO									PER OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N									STATUTE ER			
	OFF	PROPRIETOR/PARTNER	R/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	1
	If yes	ndatory in NH) s, describe under	OND hal							E.L. DISEASE - EA EMPLOYEI		
в		CRIPTION OF OPERATION OF OPERAT	UNS below			02PRM082185-02		01/01/2022	01/01/2023	E.L. DISEASE - POLICY LIMIT Building	\$	3,500,000
								S IN O IN LOLL	0 1/0 1/2023	Dunung		3,300,000
DES	RIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (/	CORD	101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)		
CEI	<b>TIF</b>	ICATE HOLDER						CELLATION				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
City of Smithville MO					THE	EXPIRATION	DATE THEREC	OF, NOTICE WILL BE DELIN				
107 W Main St					ACC							
	Smithville, MO 64089						AUTHO	RIZED REPRESE		•		
			-					A.	1 M	llan		
		1						TH.	[al	page		(STC)
	© 1988-2015 AOORD CORPORATION. All rights reserved.											

The ACORD name and logo are registered marks of ACORD Printed by STC on 11/08/2022 at 04:58PM