

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2023

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 liqu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to			•	•	•	may require	an endorseme	nt. A state	ement	on	
this certificate does not confer rights to the certificate holder in lieu of such					CONTACT Parhara Equain						
					NAME:						
Blue Valley Insurance Agency, Inc.					(A/C, No, Ext): (A/C, No): (A/C, No):						
7311 W 132nd St	ADDRESS: barb@bvia.com										
Suite 100					INSURER(S) AFFORDING COVERAGE						
Overland Park KS 66213					INSURER A: Acuity Ins Co						
INSURED					INSURER B:						
Bright Side Plumbing LLC					INSURER C:						
12022 Blue Valley Pkwy					INSURER D :						
					INSURER E :						
Overland Park KS 66213					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 2023-2024 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, EXCHAIN ON THE PROPERTY OF THE PROP											
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP											
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	YYY) LIMITS		4.00		
COMMERCIAL GENERAL LIABILITY							DAMA CE TO DENITED			0,000	
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$ 30			,000	
							MED EXP (Any one person) \$ 1			100	
A			ZP5679		11/13/2023	11/13/2024	PERSONAL & ADV INJURY \$ 1,00			0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$ 3,00	0,000	
POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ 3,00	0,000	
OTHER:									\$		
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY				11/13/2023		COMBINED SINGLE LIMIT \$ 1,000			0,000		
					11/13/2023	11/13/2024	BODILY INJURY (Per person) \$				
			ZP5679				BODILY INJURY (Per accident) \$				
							PROPERTY DAMAGE (Per accident) \$		\$		
		.							\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$		\$				
DED RETENTION \$							\$		\$		
WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	<u> </u>		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			705070		12/16/2023	11/13/2024	E.L. EACH ACCIDE	•	s 500	,000	
		ZP5679					E.L. DISEASE - EA EMPLOYEE		\$ 500	,000	
							2:2: 3:02: (02 2: 12:11: 20: 122		s 500	,000	
DESCRIPTION OF OPERATIONS DRIOW							E.E. DIOE/ROE T OF	LIOT LIMIT	Ψ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	I 01, Additional Remarks Schedule.	may be at	tached if more sn	ace is required)	<u> </u>				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is additional insured per form listed below:											
CB7433 (05-13) Additional Insured – Ongoing Ops Automatic Status CB7245 (05-13) Additional Insured – Completed Ops Automatic Status											
CERTIFICATE HOLDER					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										