



CERTIFICATE OF LIABILITY INSURANCE

OP ID PS
9ASPE-3DATE (MM/DD/YYYY)
03/03/10

| | | | |
|--|--|---|---------------|
| PRODUCER Insurance & Benefits Group 252 N.W. Executive Way Lee's Summit MO 64063 Phone: 816-525-3155 Fax: 816-525-7110 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED Aspen Contracting Inc. ASI Contracting Inc. ASI Contracting DBA: Aspen Contracting, Inc. ASI 4141 Lakewood Way Lee's Summit MO 64064 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Cincinnati Specialty Underwrite | |
| | | INSURER B: Cincinnati Insurance Company | 10677 |
| | | INSURER C: Axis Insurance Co | |
| | | INSURER D: New Hampshire Insurance | |
| | | INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|--|--|-------------------|------------------------------------|-------------------------------------|---|---------------|
| A | | GENERAL LIABILITY | CSU0012529 | 07/24/09 | 07/24/10 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ EXCLUDED |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | Emp Ben. | 1,000,000 |
| | | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: | |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | |
| B | | AUTOMOBILE LIABILITY | CAP5183306 | 07/24/09 | 07/24/10 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | | AUTO ONLY: AGG | \$ |
| C | | EXCESS / UMBRELLA LIABILITY | EAU719154/01/2009 | 07/24/09 | 07/24/10 | EACH OCCURRENCE | \$ 10,000,000 |
| | | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ 10,000,000 |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| D | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC1290786 | 07/24/09 | 07/24/10 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | | |
| | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | | | | |
| | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | | | | |
| | | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Roofing Contractor

CERTIFICATE HOLDER

CANCELLATION

CITYWI2

City of Wichita
 455 N Main Street
 Wichita KS 67202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE