



# CERTIFICATE OF LIABILITY INSURANCE

OP ID PS  
9ASPE-3

DATE (MM/DD/YYYY)

07/07/10

|  |  |   |               |
|--|--|---|---------------|
| <b>PRODUCER</b><br>Insurance & Benefits Group<br>252 N.W. Executive Way<br>Lee's Summit MO 64063<br>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. |               |
| <b>INSURED</b><br>Aspen Contracting, Inc.<br>ASI Contracting, Inc.<br>ASI Contracting DBA:<br>Aspen Contracting, Inc.<br>4141 NE Lakewood Way<br>Lee's Summit MO 64064 |  | <b>INSURERS AFFORDING COVERAGE</b>  | <b>NAIC #</b> |
|  |  | INSURER A: Cincinnati Specialty Underwrit   |               |
|  |  | INSURER B: Cincinnati Insurance Company   | 10677         |
|  |  | INSURER C: Argonaut   |               |
|  |  | INSURER D:  |               |
|  |  | 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        |             | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | CSU0020035      | 07/01/10                           | 07/01/11                            | EACH OCCURRENCE  | \$ 1,000,000 |
|          |             |   |                 |                                    |                                     | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$ 100,000   |
|          |             |   |                 |                                    |                                     | 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    |
| B        |             | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   | CPA1069020      | 07/01/10                           | 07/01/11                            | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000 |
|          |             |   |                 |                                    |                                     | BODILY INJURY (Per person)   | \$           |
|          |             |   |                 |                                    |                                     | BODILY INJURY (Per accident)   | \$           |
|          |             |   |                 |                                    |                                     | PROPERTY DAMAGE (Per accident)   | \$           |
|          |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |                 |                                    |                                     | AUTO ONLY - EA ACCIDENT  | \$           |
|          |             |   |                 |                                    |                                     | OTHER THAN AUTO ONLY: EA ACC   | \$           |
|          |             |   |                 |                                    |                                     | AGG  | \$           |
| A        |             | <b>EXCESS / UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  | CSU0020113      | 07/01/10                           | 07/01/11                            | EACH OCCURRENCE  | \$ 5,000,000 |
|          |             |   |                 |                                    |                                     | AGGREGATE  | \$ 5,000,000 |
|          |             |   |                 |                                    |                                     |  | \$           |
|          |             |   |                 |                                    |                                     |  | \$           |
|          |             |   |                 |                                    |                                     |  | \$           |
| C        |             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below<br>Y/N <input type="checkbox"/>  | WC92-744-832906 | 07/01/10                           | 07/01/11                            | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |              |
|          |             |   |                 |                                    |                                     | 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**

CITYWE2

 City of West Lake  
 27700 Hilliard Blvd  
 Westlake OH 44145

 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