

TOMACRE-01

MLEWALLEN

DATE (MM/DD/YYYY) 4/1/2024

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.

CERTIFICATE OF LIABILITY INSURANCE

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).

	is certificate does not confer rights to							require an endorsement	. A St	atement on	
PRODUCER Tim Presko Insurance Agency						CONTACT Timothy Presko					
						PHONE (A/C, No, Ext): (816) 436-6000 FAX (A/C, No):					
	7 N. Oak Trafficway sas City, MO 64118			ADDRESS: certs@tpreskoins.com							
INSURED Tomahawk Creek Condominiums #3126 c/o FirstService Residential 11500 N Ambassador Ste 360 Kansas City, MO 64153						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: Pennsylvania Manufacturers Indemnity Company			any	41424	
						INSURER B:					
						INSURER C:					
						RD:					
						INSURER E:					
						INSURER F:					
CO	VERAGES CER	NUMBER:	REVISION NUMBER:								
IN Cl	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR		ADDL INSD			DELIVI	POLICY EFF	POLICY EXP	LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY		WVD) FOLICT NUMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED			
									\$ \$		
									\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$		
	POLICY PRO- LOC								\$ \$		
	OTHER:								\$ \$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO								\$		
	OWNED AUTOS ONLY AUTOS								\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY								\$		
	UMBRELLA LIAB OCCUR								\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	DED RETENTION \$								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A						X PER OTH-	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			2024011449743Y		4/1/2024	4/1/2025		\$	500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	•	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	500,000	
									·		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)			
CEI	RTIFICATE HOLDER				CANCELLATION						
FirstService Residential MO, Inc 11500 N Ambassador Drive #360						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Kansas City, MO 64153				AUTHO	RIZED REPRESE	NTATIVE				