

CERTIFICATE OF LIABILITY INSURANCE

S4JWEBB

DATE (MM/DD/YYYY)	
6/4/2021	

WHITKNI-01

C B	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	VELY (URANC	OR NEGATIVELY AMEND	, EXTEND OR A	LTER THE C	OVERAGE AF	FORDED	BY TH	IE POLICIES		
lf	MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to th	e terms and conditions of	the policy, certai	n policies may						
-	· · · · · · · · · · · · · · · · · · ·	the ce	rtificate noider in lieu of su		s).						
PRODUCER Naught-Naught Insurance Agency P.O. Box 10				CONTACT NAME: PHONE							
				(A/C, No, Ext): (800) 392-0423 (A/C, No): (866) 779-8102							
Oza	ark, MO 65721			ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #							
					INSURER(S) AFFORDING COVERAGE						
		INSURER A : Mesa Underwriters Specialty In									
INSURED				INSURER B : General Star Indemnity Co 37362							
	White Knight Limousine, Inc.	INSURER C :									
1500 Jade Road Columbia, MO 65201				INSURER D :							
					INSURER E :						
INSURER F :											
	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH P	EQUIRE PERTAIL POLICIES	MENT, TERM OR CONDITIO N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	N OF ANY CONTR DED BY THE POL BEEN REDUCED E	ACT OR OTHE ICIES DESCRIE Y PAID CLAIMS	R DOCUMENT W BED HEREIN IS 3	ITH RESPE	ECT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUE	BR D POLICY NUMBER	POLICY EF	POLICY EXP Y) (MM/DD/YYYY)		LIMIT	rs			
A			MP0024003000807	2/11/202	1 2/9/2022	EACH OCCURRE DAMAGE TO REN PREMISES (Ea oc	ITED	\$ \$	1,000,000 100,000		
						MED EXP (Any on	,	\$	50,000		
						PERSONAL & AD		\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGR	EGATE	\$	2,000,000		
	X POLICY PRO- JECT LOC					PRODUCTS - CO		\$	2,000,000		
	OTHER:							\$			
						COMBINED SING (Ea accident)	LE LIMIT	\$			
	ANY AUTO					BODILY INJURY (Per nerson)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAM (Per accident)		\$			
								\$			
В	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$		4,000,000			
	X EXCESS LIAB CLAIMS-MADE	LIAB CLAIMS-MADE	IXG671325	2/9/2021	2/9/2022	AGGREGATE \$					
	DED X RETENTION \$ 10,000							\$	4,000,000		
	WORKERS COMPENSATION					PER STATUTE	OTH- ER	Ť			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCID		\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. DISEASE - EA					
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - PO					
	DESCRIPTION OF OPERATIONS BEIOW					L.L. DISEASE - PO		Ψ			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (ACO	RD 101, Additional Remarks Schedu	lle, may be attached if r	nore space is requi	ired)		1			
CE	RTIFICATE HOLDER	N									
Parkway Schools 363 North Woods Mill Road Chastarfield MO 62017				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Chesterfield, MO 63017	AUTHORIZED REPRESENTATIVE Jodii O. Will									
AC	ORD 25 (2016/03)			Ô	1988-2015 AC	ORD CORPOR	RATION.	All rig	hts reserved.		