

CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDDVVVV)

ATE (MM/DD/YYY

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 lieu of such endorsement(s)

PRODUCER						CONTACT						
Lakenan PO Box 407						NAME:						
						(A/C, No, Ext): 573-883-7746 (A/C, No): 573-883-3981					3-3981	
Ste Genevieve MO 63670							E-MAIL ADDRESS: coi@lakenan.com					
1 1 10 1 10 10 10 10 10 10 10 10 10 10 1												
						INSURER(S) AFFORDING COVERAGE				NAIC#		
INSI	JRED				WORKDEV-01	INSURER A : CINCINNATI SPECIALTY UNDERWRITERS				13037		
		evelopment Board of Sou	thea	et Mi		INSURER B: TRAVELERS ASSIGNED RISK						
760	0 S. Kinasi	nighway, Suite C	Li ica.	SC IVII	330uri irio.	INSURER C: CHUBB INSURANCE COMPANY						
		au MO 63703			,	INSURE	RD:					
						INSURE	:D E +					
-	VERAGES	050	TIPL	- A TE	- AUUMPED AMAGEMEN	INSURER F:						
					NUMBER: 1436374184				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									VHICH THIS			
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A		RCIAL GENERAL LIABILITY	1130	11.40	CSU0063548		10/12/2023	10/12/2024		1,000.	000	
	CL	CLAIMS-MADE X OCCUR			00000000		10/12/2020	10/12/2021	DAMAGE TO RENTED	\$ 1,000, \$ 100,00		
							8		MED EXP (Any one person)			
									PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGR	EGATE LIMIT APPLIES PER:								\$2,000,000		
	POLICY	PRO-								The second second second		
									\$ 2,000,000			
	OTHER:			-					l			
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO								BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS								CONSIDER MICH. ST. CO. ACTION CO. C.	nt) \$		
	HIRED NON-OWNED AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$		
	7.5.55	761666121							(e. addident)	<u> </u>		
	UMBRE	LLA LIAB OCCUR							EACH OCCUPRENCE (140	
	EXCESS LIAB CLAIMS-MADE								EACH OCCURRENCE \$	-		
									AGGREGATE	1949		
	DED RETENTION \$								S DED OTH	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				6JUB-4N94929-4-23	5/1/2023	5/1/2024	X PER OTH- STATUTE ER				
	ANYPROPRIE	NYPROPRIETOR/PARTNER/EXECUTIVE PFICER/MEMBEREXCLUDED? Mandatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below						1 1	E.L. EACH ACCIDENT \$	1,000,	000	
	(Mandatory in								E.L. DISEASE - EA EMPLOYEE \$	1,000,	000	
	If yes, describe								E.L. DISEASE - POLICY LIMIT \$	1,000,	000	
С	Directors & Of				8246-8994		1/22/2024	1/22/2025	D&O	1,000,		
					02.000		172212024.			.,,		
Dire	CRIPTION OF C ectors & Offi 000,000	PERATIONS / LOCATIONS / VEHICL icers Liability-Policy #8246-8	LES (A 8994-	Chub	101, Additional Remarks Schedul b Insurance Company-Eff/f	e, may be Exp Da	e attached if more tes 1/22/24-1/	space is require /22/25-Policy	ed) Includes Employee Theft C	Covera	ge-Limit	
CERTIFICATE HOLDER							CANCELLATION					
Ť						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	F	or Information Purposes				AUTHODIZED DEDOCCENTATIVE						
					AUTHORIZED REPRESENTATIVE							
_							Q. Qa Cotta					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 endo

this certificate does not confer rights	to the	ecert	ificate holder in lieu of s	uch en	dorsement(s	s).	require an endorsemen	. A Sta	iternent on
PRODUCER Lakenan				CONTA NAME:	CT	,-			
PO Box 407									
Ste Genevieve MO 63670	F-MAII								
				ADDRESS: COI@IAKenan.com					
				INSURER(S) AFFORDING COVERAGE				NAIC#	
INSURED			WORKDEV-01	INSURER A: CINCINNATI SPECIALTY UNDERWRITERS				13037	
Workforce Development Board of Sou	INSURER B: TRAVELERS ASSIGNED RISK								
760 S. Kingshighway, Suite C Cape Girardeau MO 63703					INSURER C: CHUBB INSURANCE COMPANY				
Supe Chardeau MO 03703				INSURER D:					
				INSURER E :					
COVERAGES CFF	TIFI		All list many	INSURER F:					
	CHE	MOLIE	NUMBER: 1436374184	REVISION NUMBER: /E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN	THE INSURANCE AFFORD	OF AN	THE BOLICIE	OR OTHER I			
NSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP					
A X COMMERCIAL GENERAL LIABILITY	III	****	CSU0063548		10/12/2023	(MM/DD/YYYY) 10/12/2024			
CLAIMS-MADE X OCCUR					10/12/2023	10/12/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,	
Social So							PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000	
POLICY PRO- LOC							GENERAL AGGREGATE	\$ 2,000,000	
OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,000,	000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO								127	
OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE			
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
UMBRELLA LIAB OCCUP	-							\$	
EXOCOLUAD OCCUR						2	EACH OCCURRENCE	\$	
CLAIMS-MADE	4						AGGREGATE	\$	
DED RETENTION \$ B WORKERS COMPENSATION			-				1050	\$	
AND EMPLOYERS' LIABILITY Y / N	ND EMPLOYERS' LIABILITY Y/N		6JUB-4N94929-4-23		5/1/2023	5/1/2024	X PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A							E.L. EACH ACCIDENT	\$1,000,000	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	≡ \$1,000,000	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
C Directors & Officers			8246-8994		1/22/2024.	1/22/2025	D&O	1,000,0	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Directors & Officers Liability-Policy #8246-8 \$1,000,000	LES (A 3994-0	CORD Chubl	101, Additional Remarks Schedul b Insurance Company-Eff/E	e, may be Exp Dai	e attached if more t <mark>es 1/22/24-1</mark> /	e space Is require / <mark>22/25-Policy</mark>	rd) Includes Employee Theft	Coveraç	ge-Limit
CERTIFICATE HOLDER	CANCELLATION								
For Information Purposes	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
1					AUTHORIZED REPRESENTATIVE A. Cla College A.				



CERTIFICATE OF LIABILITY INSURANCE

3vorlers Caup 5/1/23-5/1/24

DATE (MM/DD/YYYY) 2/21/2024

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.

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)

this certificate does not confer rights to th	le certificate nolder in lieu of si									
PRODUCER		CONTACT NAME:								
Lakenan PO Box 407										
Ste Genevieve MO 63670	ļ	(A/C, No, Ext): 573-883-7746 (A/C, No): 573-883-3981								
Ote Genevieve MO 03070		ADDRESS: coi@lakenan.com								
		INSURER(S) AFFORDING COVERAGE								
		INSURER A : CINCINNATI SPECIA	13037							
INSURED	WORKDEV-01	INSURER B : TRAVELERS ASSIGN								
Workforce Development Board of Southea 760 S. Kingshighway, Suite C	ast Missouri Inc.	INSURER C: CHUBB INSURANCE COMPANY								
Cape Girardeau MO 63703			COMPANT							
Super Sillardedd WO 00700	,	INSURER D :								
		INSURER E :								
		INSURER F:								
COVERAGES CERTIFICATION CONTRACTOR CONTRACTO	ICATE NUMBER: 1436374184	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAYER.										
	D WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)	LIMITS							
A X COMMERCIAL GENERAL LIABILITY	CSU0063548	10/12/2023 10/12/2024	EACH OCCURRENCE \$ 1,000	.000						
CLAIMS-MADE X OCCUR			DAMAGE TO RENTED							
				00						
			MED EXP (Any one person) \$							
GEN'L AGGREGATE LIMIT APPLIES PER:			PERSONAL & ADV INJURY \$ 1,000							
POLICY PRO- LOC			GENERAL AGGREGATE \$2,000							
AND			PRODUCTS - COMP/OP AGG \$2,000	,000						
OTHER: AUTOMOBILE LIABILITY	+ +		COMBINED SINGLE LIMIT &							
ANY AUTO			(Ea accident)							
OWNED SCHEDULED			BODILY INJURY (Per person) \$							
AUTOS ONLY AUTOS			BODILY INJURY (Per accident) \$							
HIRED NON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident) \$							
			\$							
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$							
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$							
DED RETENTION \$			\$							
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	6JUB-4N94929-4-23	5/1/2023 5/1/2024	X PER OTH-							
ANYPROPRIETOR/PARTNER/EXECUTIVE TITIES			E.L. EACH ACCIDENT \$1,000	.000						
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	\		E.L. DISEASE - EA EMPLOYEE \$ 1,000							
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$ 1,000							
C Directors & Officers	8246-8994	1/22/2024 1/22/2025	D&O 1,000							
5 5.11.55.1.5 ti 5.11.55.1.5	0240-0394	1/22/2024. 1/22/2025	1,000	,000						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space Is required) Directors & Officers Liability-Policy #8246-8994-Chubb Insurance Company-Eff/Exp Dates 1/22/24-1/22/25-Policy Includes Employee Theft Coverage-Limit \$1,000,000										
CERTIFICATE HOLDER		CANCELLATION								
UNITED TO IT										
F 1 6 10 10		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
For Information Purposes	ľ	AUTHORIZED REPRESENTATIVE								
		Q. Calle								
		V. Celonia								

© 1988-2015 ACORD CORPORATION. All rights reserved.