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 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 florder i	n neu or such endorsement(s).						
PRODUCER		CONTACT NAME:					
		PHONE	i i				
		(A/C, No, Ext):	(A/C, No):				
		E-MAIL ADDRESS:	V 11 A 1024 A 407 A 11 F	4			
		PRODUCER					
		CUSTOMER ID #:		46			
			INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED		INSURER A:					
	Incured must be the name of the	INSURER B:					
	Insured must be the name of the	INSURER C:					
	agency. Not the name of the owner.	INSURER D:					
		INSURER E:					
		INSURER F:					

COVERAGES **CERTIFICATE NUMBER: 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,

	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POL (MM/E	ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S
	CLAIMS-MADE X OCCUR	x		Required occurrence minimum of \$1,000,000		Add requ and	itional ins ired for ge auto liabili	neral ty as	ICE TED currence) person) /INJURY	\$ \$ \$
GE	N'LAGGREGATE LIMIT APPLIES PER:	0		Aggregate minimum \$2,000,000		colu	cated by X i mn	111 (1115	/IP/OP AGG	
AUTOMOBILE LIABILITY X ANY AUTO		х		Required				COMBINED SING (Ea accident) BODILY INJURY	V. HOP. (1995)	\$
X	SCHEDULED AUTOS HIRED AUTOS STATEMENT STATEMEN					BODILY INJURY PROPERTY DAV (Per accident)	St 50	\$		
X	UMBRELLA LIAB OCCUR		3					EACH OCCURRE	ENCE	\$
	EXCESS LIAB CLAIMS MADI DEDUCTIBLE RETENTION \$			Minimum \$500,000				AGGREGATE	W. Wilder	\$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Requir			Required: \$1,000,000 ea claim & \$1,000,000				X WC STATU TORY LIMIT E.L. EACH ACCID E.L. DISEASE - E	DENT A EMPLOYEE		
P	Professional Liability			aggregate						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION				
Sedgwick County must be listed as a certificate holder and additional insured.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	AUTHORIZED REPRESENTATIVE				

KANSAS WORKERS COMPENSATION REQUIREMENTS

<u>Sole Proprietorship</u> - For Sole Proprietors, payroll paid to owner and owner's family doesn't count towards the workers compensation payroll threshold. Once payroll costs reach over \$20,000 for non-family members, then workers compensation insurance is required and it covers all workers.

<u>Limited Liability Corporation (LLC)</u> — Wages to LLC members (i.e. individuals holding 3% or more ownership in the business) don't count towards the workers compensation payroll threshold but all other employees do count. Once payroll for employees other than members reaches \$20,000 or more, then workers compensation insurance is required. Members can then elect to be included in workers compensation coverage.

<u>Corporation</u> – Everyone that works for the corporation is an employee and this includes the owner; so, all payroll counts towards the workers compensation \$20,000 payroll threshold. Anyone who owns 10% or more of the corporation can elect to be taken out of workers compensation coverage but their salary would still count in the payroll calculation.

For more information or questions please contact Suzanne Fachs with the Kansas Department of Labor at (785) 296-7843