



# **BETTIS** **ASPHALT & CONSTRUCTION, INC.**

Bettis Asphalt & Construction, Inc. has contracted Certificate Management Service (CMS) to monitor Bettis Asphalt & Construction, Inc. certificates of insurance. Please have your Insurance Agent provide a current certificate of insurance in PDF format showing:

**CERTIFICATE HOLDER:**

Bettis Asphalt & Construction, Inc.  
PO Box 1694  
Topeka, KS 66601-1694

**GENERAL LIABILITY: Occurrence – Per Project Aggregate**

General Aggregate: \$2,000,000 Products & Completed Ops: \$2,000,000  
Per Occurrence: \$1,000,000 Med Exp: \$5,000 Dam to Rented Prem: \$100,000

**AUTOMOBILE LIABILITY: Any Auto**

Combined Single Limit: \$1,000,000

**WORKERS COMPENSATION: Statutory Coverage**

Each Accident: \$500,000 Disease – Policy Limit: \$500,000  
Disease – Each Employee: \$500,000

**UMBRELLA/EXCESS LIABILITY**

\$ 1,000,000 per Occurrence/\$ 1,000,000 Aggregate  
Higher limits can be used to satisfy underlying limit requirements, but certificate must specifically state which policy coverage extends to (follow form).

**DO NOT mail or fax certificates. Please email a PDF formatted certificate to *BettisAsphalt@CertificateManager.net***

Failure to submit a compliant certificate shall not be considered a waiver, or other impairment, of any of Bettis Asphalt & Construction's rights under such insurance-related provisions of our contract.

Should you have any questions, please contact CMS at 913-643-4172.

Thank You,  
Ashley Bettis  
Bettis Asphalt & Construction, Inc.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/21/2015

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 holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
AGENT NAME	PHONE (A/C, No, Ext):	FAX (A/C, No):
AGENT ADDRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
CITY ST ZIP	INSURER A : CARRIER NAME	NAIC #
INSURED	INSURER B :	
VENDOR NAME	INSURER C :	
VENDOR ADDRESS	INSURER D :	
CITY ST ZIP	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: CL15122100181 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 CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			POLICY NUMBER	DATE	DATE	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Bettis Asphalt & Construction, Inc. 1800 NW Brickyard Road Topeka, KS 66618	<b>CANCELLATION</b>  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  Authorized Agent Signature