



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: \$10,000 Dam to Rented Prem: \$100,000

AUTOMOBILE LIABILITY: Any Auto

Combined Single Limit: \$1,000,000

WORKERS COMPENSATION: Statutory Coverage

Each Accident: \$1,000,000 Disease – Policy Limit: \$1,000,000
Disease – Each Employee: \$1,000,000

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).

ADDITIONAL INFORMATION

Required wording: Bettis Asphalt and Construction, Inc. is added as an additional insured on all policies except workers compensation, on a primary and noncontributory basis including completed operations coverage. Waiver of subrogation is included on all policies where allowed by law. All policies to have an A- or greater Carrier rating.

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:	
CITY ST ZIP	INSURER(S) AFFORDING COVERAGE	
	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:CL15122100172 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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	DATE	DATE	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	OTHER:						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	DATE	DATE	EACH OCCURRENCE	\$ 1,000,000
	DED RETENTION \$						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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	DATE	DATE	<input checked="" type="checkbox"/> PER STATUTE	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Bettis Asphalt and Construction, Inc. is added as an additional insured on all policies except workers compensation, on a primary and noncontributory basis including completed operations coverage. Waiver of subrogation is included on all policies where allowed by law.

CERTIFICATE HOLDER

Bettis Asphalt & Construction, Inc.
1800 NW Brickyard Road
Topeka, KS 66618

CANCELLATION

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

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