

Sketch

11907 Mar Bec Trail, Three Trails, Independence, Jackson County, Missouri, United States,
 64052, 11913 Mar Bec Trail
 Gross Living Area: 2237 sq. ft

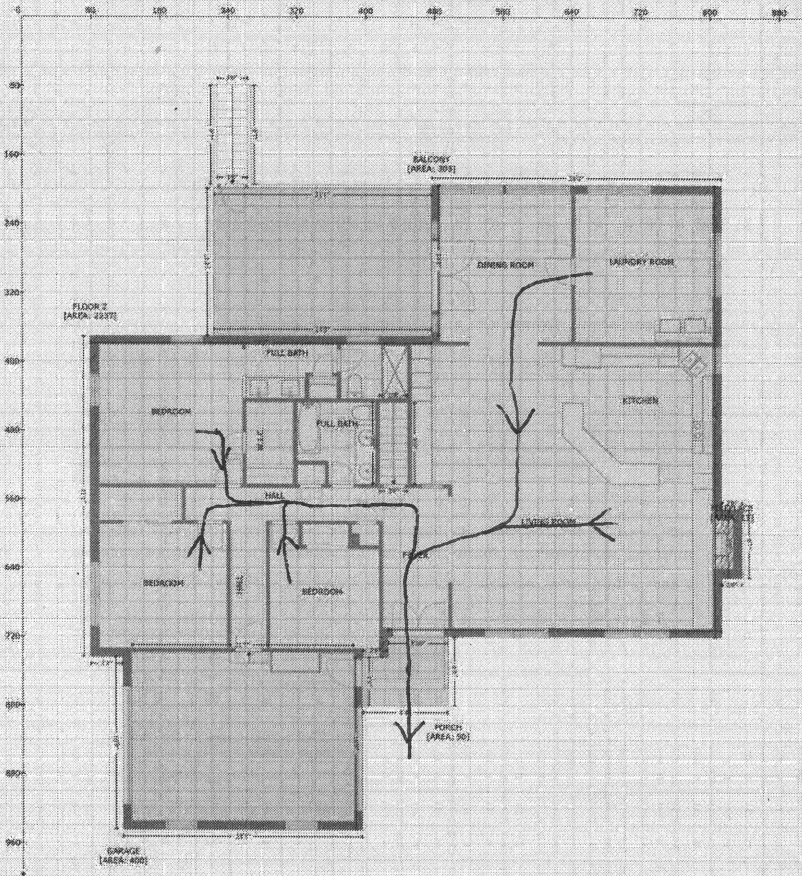
Space	Area (sq. ft)	Calculation <small>Coordinate Polygon Area Algorithm using inches.</small>
UTILITY ROOM (Non-living area)	132	$-\left((411.2 + 411.2) * (968.9 - 1177.3) + (411.2 + 320.2) * (1177.3 - 1177.3) + (320.2 + 320.2) * (1177.3 - 968.9) + (320.2 + 411.2) * (968.9 - 968.9)\right) * 0.5 * 0.00694$
GARAGE (Non-living area)	196	$-\left((212.8 + 212.8) * (911 - 1121.7) + (212.8 + 78.9) * (1121.7 - 1121.7) + (78.9 + 78.9) * (1121.7 - 911) + (78.9 + 212.8) * (911 - 911)\right) * 0.5 * 0.00694$
COVERED PATIO (Non-living area)	303	$-\left((476.6 + 476.6) * (739 - 911) + (476.6 + 222.8) * (911 - 911) + (222.8 + 222.8) * (911 - 739) + (222.8 + 476.6) * (739 - 739)\right) * 0.5 * 0.00694$
PATIO (Non-living area)	2413	$-\left((990.6 + 990.6) * (72.1 - 812.2) + (990.6 + 813) * (812.2 - 812.2) + (813 + 813) * (812.2 - 735) + (813 + 640.6) * (735 - 735) + (640.6 + 640.6) * (735 - 734.6) + (640.6 + 636.6) * (734.6 - 734.6) + (636.6 + 636.6) * (734.6 - 735) + (636.6 + 476.6) * (735 - 735) + (476.6 + 476.6) * (735 - 739) + (476.6 + 222.8) * (739 - 739) + (222.8 + 222.8) * (739 - 72.1) + (222.8 + 990.6) * (72.1 - 72.1)\right) * 0.5 * 0.00694 - \left((881.2 + 332.2) * (280.1 - 280.1) + (332.2 + 333.6) * (280.1 - 601.5) + (333.6 + 881.2) * (601.5 - 601.5) + (881.2 + 881.2) * (601.5 - 280.1)\right) * 0.5 * 0.00694$
FIREPLACE (Non-living area)	13	$-\left((836.9 + 836.9) * (1111.3 - 1190.5) + (836.9 + 813) * (1190.5 - 1190.5) + (813 + 813) * (1190.5 - 1111.3) + (813 + 836.9) * (1111.3 - 1111.3)\right) * 0.5 * 0.00694$

Report generated on Tue, 18 Apr 2023 20:29:22 GMT.
 Measurements and calculations are deemed highly reliable, but not guaranteed.

11913

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64052, 11913 Mar Bec Trail

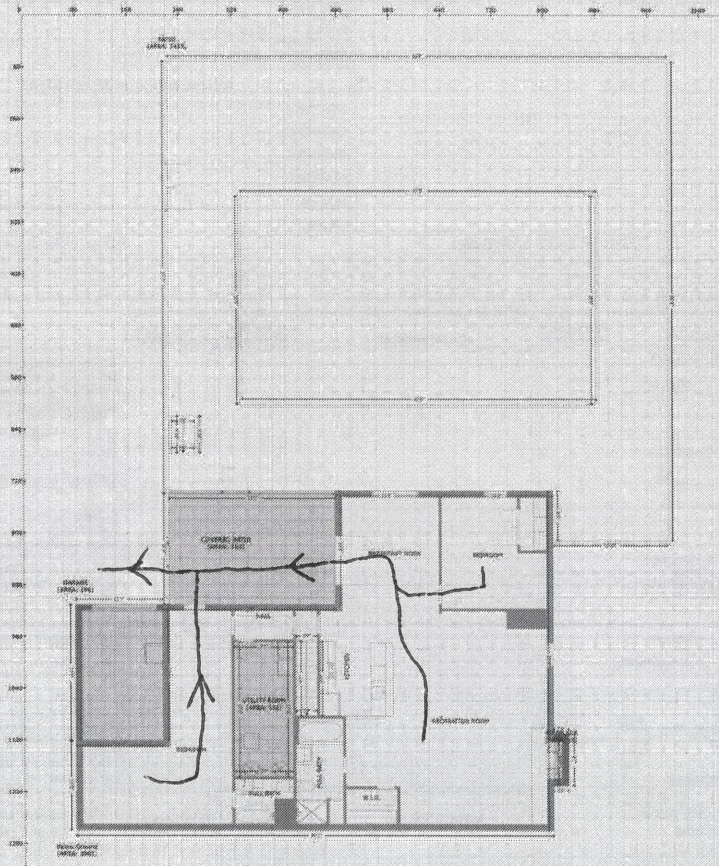
Gross Living Area: 2237 sq. ft



Space	Area (sq. ft)	Calculation
FLOOR 2 (Living area)	2237	Coordinate Polygon Area Algorithm using inches: $-\{(813 + 813) * (195 - 720) + (813 + 425) * (720 - 720) + (425 + 425) * (720 - 744.1) + (425 + 394.9) * (744.1 - 744.1) + (394.9 + 384.9) * (744.1 - 738.1) + (384.9 + 126) * (738.1 - 738.1) + (126 + 116) * (738.1 - 744.1) + (116 + 78.9) * (744.1 - 744.1) + (78.9 + 78.9) * (744.1 - 371) + (78.9 + 476.6) * (371 - 371) + (476.6 + 476.6) * (371 - 195) + (476.6 + 813) * (195 - 195)\} * 0.5 * 0.00694$
GARAGE	400	$-\{(384.9 + 394.9) * (738.1 - 744.1) + (394.9 + 394.9) * (744.1 - 944.7) + (394.9 + 116) * (944.7 -$

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 Gross Living Area: 2237 sq. ft



Space	Area (sq. ft)	Calculation
Below Ground (Living area)	1863	Coordinate Polygon Area Algorithm using inches. $-\{(640.6 + 640.6) * (734.6 - 735) + (640.6 + 813) * (735 - 785) + (813 + 813) * (735 - 1260) + (813 + 78.9) * (1260 - 1260) + (78.9 + 78.9) * (1260 - 1121.7) + (78.9 + 212.8) * (1121.7 - 1121.7) + (212.8 + 212.8) * (1121.7 - 911) + (212.8 + 476.6) * (911 - 911) + (476.6 + 476.6) * (911 - 735) + (476.6 + 636.6) * (735 - 735) + (636.6 + 636.6) * (735 - 734.6) + (636.6 + 640.6) * (734.6 - 734.6)\} * 0.5 * 0.00694 + -\{(411.2 + 320.2) * (968.9 - 968.9) + (320.2 + 320.2) * (968.9 - 1177.3) + (320.2 + 411.2) * (1177.3 - 1177.3) + (411.2 + 411.2) * (1177.3 - 968.9)\} * 0.5 * 0.00694$

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2023

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 BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C No, Ext): 844-472-0967 FAX (A/C, Nat): 203-654-3613 E-MAIL: customerservice@bIBERK.com ADDRESS:
INSURED Brandon Doctor, P.C. 30511 E 38th Street Grain Valley, MO 64029	INSURER(S) AFFORDING COVERAGE INSURER A: National Liability & Fire Insurance Company NAIC # 20052 INSURER B: INSURER C: 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR NBR	WOC	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER: \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH: ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (Errors & Omissions): Claims-Made			N9PL330984	02/03/2023	02/03/2024	Per Occurrence/ Aggregate \$1,000,000/ \$1,000,000

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

CERTIFICATE HOLDER Brandon Doctor, P.C. 30511 E 38th Street Grain Valley, MO 64029-	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: <i>[Signature]</i>
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