

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2016

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).

		ate holder in lieu of such endors		•	moios may roquire air ona								
PRO	DUCER	Reynolds Insurance Agency, Inc. PO Box 505					CONTACT Sadie L Causey PHONE (A/C, No, Ext): (859)986-8484 FAX (A/C, No): (859)986-4976						
		631 Chestnut St						E-MAIL ADDRESS:					
Berea, KY 40403					INSURER(S) AFFORDING COVERAGE				NAIC#				
					INSURER A: STATE AUTO INS CO OF OHIO				11017				
INSURED		Sensabaugh Design & Construction LLC 2993 Calico Road Berea, KY 40403					INSURER B: KENTUCKY EMPLOYERS MUTUAL INS				10320		
							INSURER C:						
							INSURER D:						
							INSURER E : INSURER F :						
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:				
l C	NDICAT ERTIF	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RECICATE MAY BE ISSUED OR MAY POSIONS AND CONDITIONS OF SUCH P	UIRE ERTA OLIC	MEN IN, T IES. L	T, TERM OR CONDITION OF HE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE B	F ANY (CONTRACT OF TE POLICIES I DUCED BY PA	R OTHER DOO DESCRIBED H AID CLAIMS.	CUMENT WITH RESPECT	TO WHI	CH THIS		
INSF	3	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER			PCLICY EXP (MM/DD/YYYY)	LIMI	TS			
Α	$ \mathbf{V} $	COMMERCIAL GENERAL LIABILITY			SPP2488756		07/13/2016	07/13/2017	EACH OCCURRENCE	\$	1,000,000		
l		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
									MED EXP (Any one person)	\$	5,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'	L AGGREGATE LIMIT APPLIES PER:						ļ	GENERAL AGGREGATE	\$	3,000,000		
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000		
		OTHER:							201/01/150 01/01/5 1/1/17	\$			
	AUTO	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO							BODILY INJURY (Per person)	\$			
l		ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)				
		HIRED AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
										\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	s			
		DED RETENTION \$							A pro	<u> </u>			
В		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			397472		04/04/2016	04/04/2017	PER STATUTE ER				
		PROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	4,000,000		
	(Mand	latory in NH)							E.L. DISEASE - EA EMPLOYEE	<u> </u>	4,000,000		
	If yes, DESC	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	4,000,000		
A	LEAS	SED OR RENTED EQUIPMENT			SPP2488756		07/13/2016	07/13/2017			\$200,000		
		ON OF OPERATIONS / LOCATIONS / VEHICLE											
LF	JCG 2	00 E MAIN STREET LEXINGTON	, KY.	4050	7 LISTED AS ADDITION	AL INSI	JRED IN RES	SPECT TO G	ENERAL LIABILITY				
اما	POLIC	CY INCLUDES LIMITED POLLUTI	ONI	IARII	ITY WITH RESPECT TO	SUDDI	EN & ACCIDE	ENTAL DISCH	HARGE SUBJECT TO TI	HE TER	MS AND		
CC	NDITI	ONS OF THE POLICY PER FORM	i CG	0001	VERSION 12/04								
l													
CERTIFICATE HOLDER							CANCELLATION						
LFUCG 200 E. Main Street Lexington, KY 40507							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
l						AUTHO	RIZED REPRESE	MATIVE	. 0				

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