

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

CWELCH

02/09/2017

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).

th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su).					
PRO	DUCER				CONTA NAME:	СТ						
Carroll & Stone Insurance 4384 Clearwater Way, Ste. 200 Lexington, KY 40515						PHONE (A/C, No, Ext): (859) 269-1044 FAX (A/C, No): (859) 27						
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : EMC Insurance Companies					21415	
INSURED Evel Pand I I C						INSURER B : KEMI					10320	
						INSURER C:						
Fuel Band LLC 2000 Hartford Court Lexington, KY					INSURER D:							
											+	
			INSURE						+			
COVERAGES CERTIFICATE NUMBER:						INSURER F:						
					14) /F B	EEN JOOUED	TO THE INIOH	REVISION NUI			NIOV DEDICE	
	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F											
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFORI	DED B	THE POLIC	IES DESCRIB	ED HEREIN IS S				
	XCLUSIONS AND CONDITIONS OF SUCH	POLICY EEE POLICY EXP										
INSR LTR	I = = I	ADDL SUI		POLICY NUMBER	(MM/DD/YYYY)		(MM/DD/YYYY)	LIMITS			4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			5D16889		07/31/2016	07/31/2017	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:							GENERAL AGGREGATE \$		\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$	2,000,000	
	OTHER: General Aggregate									\$		
Α	AUTOMOBILE LIABILITY X ANY AUTO							COMBINED SINGLE (Ea accident)	ELIMIT	\$	1,000,000	
				5E16889		07/31/2016	07/31/2017	BODILY INJURY (P	er nerson)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P	-	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)				
	UMBRELLA LIAB OCCUR									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	CE	\$		
								AGGREGATE		\$		
В	DED RETENTION \$	N/A				10/20/2016	10/20/2017	X PER STATUTE	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			400854							1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDE		\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Restroom and Concession	LES (ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requi	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
LFUCG 200 East Main St.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
								IEREOF, NOTICI	E WILL I	BE DI	ELIVERED IN	
						ACCORDANCE WITH THE POLICY PROVISIONS.						
Lexington, KY 40507					AUTHORIZED DEDDECENTATIVE							
						AUTHORIZED REPRESENTATIVE						