

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/22/2017

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 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).

certificate noticer in fieu of such endorsemen	11(5).				
PRODUCER		CONTACT NAME:	LEWIS WOLFE		
CRAIG & HALL INSURANCE AGENCY, INC.		PHONE A/C. No. Ext):	(502) 863-0755	FAX A/C, No):	(502) 863-7902
158 E. MAIN STREET		E-MAIL ADDRESS:	LEWISWOLFE@BELLSOUTH.NET		2
PO BOX 249			INSURER(S) AFFORDING COVERAGE		NAIC#
GEORGETOWN KY 40324		INSURER A:	Ohio Security Insurance Company		24082
INSURED		INSURER B:	KEMI		10320
Green Solutions Landcare, LLC		INSURER C:	OHIO CASUALTY INSURANCE COMPANY		24074
C/O Kevin Sharp		INSURER D:			
2380 Walcot Way		INSURER E:			
Lexington	KY 40511	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.

INS	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID CLAIMS. NSR TYPE OF INSURANCE ADDL SUBR POLICY POLICY EXP POLICY								
LTF	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	Control of the Contro	
А	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,00	00,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	00,000
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	15,000
	\$250 PROPERTY DAMAGE	Х		BKS 55 98 22 50	02/24/2017	02/24/2018	PERSONAL & ADV INJURY	*	00,000
	DEDUCTIBLE						GENERAL AGGREGATE	Ψ	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,00	00,000
1	POLICY PROJ- LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
А	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS	Х		BAS 55 98 22 50	02/24/2017	02/24/2018	PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,0	000,000
С	EXCESS LIAB CLAIMS-MADE			USO 55 98 22 50	02/24/2017	02/24/2018	AGGREGATE	\$ 1,0	000,000
	DED RETENTION \$ 0			000 33 30 22 30	OLIZ WZOW	02/2 1/2010		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS OTH- ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			00/04/0047	00/04/0040	E.L. EACH ACCIDENT	\$ 1,0	000,000
	OFFICER/MEMBER EXCLUDED? [1] (Mandatory in NH)	N/A		396690	02/24/2017	02/24/2018	E.L. DISEASE - EA EMPLOYEE	\$ 1,0	000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,0	000,000
			-						
-	PROCESSION OF OPERATIONS A CONTINUE SECTION ACCORDAN. Additional Paragrae Schodula if more space is required.)								

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

LAWN CARE SERVICES, SMALL IRRIGATION WORK, & SNOW REMOVAL

OWNER, KEVIN SHARP IS EXCLUDED FROM WORKERS COMPENSATION COVERAGE.

***The insured's General Liability policy contains GL Extension Endorsement Form CG 88100413 (See page 3, Section G) and Business Auto Enhancement Endorsement Form CA 88100110 (See page 2, Section II, Number 3) which includes Additional Insured by contract, agreement or permit. Certificate Holder is included as Additional Insured on General Liability and Auto Liability. (applies when written agreement or contract is in place).

Please refer to attached endorsement forms for Additional Insured language.

ksharp@greensolutionslandcare.com

kthomas@lexingtonky.gov

CERTIFICATE HOLDER	CANCELLATION				
Lexington-Fayette Urban County Government Division of Risk Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
200 East Main Street	AUTHORIZED REPRESENTATIVE				
Lexington, KY 40507	CRAIG & HALL INSURANCE AGENCY, INC.				