GREETUR-01

HBALLARD



CERTIFICATE OF LIABILITY INSURANCE

3/9/2017

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).

PRO Wir P O	nis certificate does not conter rights in DUCER Inchester Insurance Agency Box 20	CONTACT NAME: PHONE (A/C, No, Ext): (859) 744-2200 FAX (A/C, No): (859) 744-2130										
Wir	chester, KY 40392	E-MAIL ADDRESS: kyins@kyinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A : Liberty Mutual Insurance						NAIC #				
INSURED						INSURER B: Kentucky Employers Mutual Ins.					10320	
Greenscapes Turf & Landscape LLC 13 Kittison Winchester, KY 40391						INSURER C :						
						INSURER D :						
						INSURER E :						
						INSURER F:						
CO	VERAGES CER	REVISION NUMBER:										
11 C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WIT	TH RESPE	CT TO	O WHICH THIS	
INSR LTR			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY		POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	х		BKS57473996		01/25/2017	01/25/2018	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occu		\$	1,000,000 1,000,000	
								MED EXP (Any one		\$	15,000	
								PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ \$	1,000,000	
	ANY AUTO	X		BKS57473996		01/25/2017	01/25/2018	BODILY INJURY (Pe	er nerson)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS	^						BODILY INJURY (Pe		\$		
	X HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)	SE SE	\$		
	ACTOC CIVET							(* 5* 5*5*5****)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE	Ē						AGGREGATE		\$		
	DED RETENTION \$									\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		4			01/25/2017	01/25/2018	X PER STATUTE	OTH- ER			
		N/A		413952				E.L. EACH ACCIDE	NT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I	EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000	
DES Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ifficate Holder is listed as additional ins	cLES (. sured	ACORI On th	D 101, Additional Remarks Schedu le general liability and auto	ile, may b i liabilti	e attached if moi y where requ	re space is requii ired by writte	red) n contract.				
CERTIFICATE HOLDER						CANCELLATION						
LFUCG 200 E Main St Lexington, KY 40504						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