

## CERTIFICATE OF LIABILITY INSURANCE

AHODSON

DATE	(MM/DD/YYYY)	
02	127/2017	

**KENISAA-03** 

						UKAN	UE	03	6/27/2017	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL	Y OF	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES	
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subjet this certificate does not confer rights	ct to	the	terms and conditions of	the poli	cy, certain	policies may				
PRODUCER				CONTAC NAME:	т					
Van Meter Insurance Group 505 Wellington Way				PHONE (A/C, No, Ext): (859) 263-2771 FAX (A/C, No): (859) 263-1999						
Lexington, KY 40503				E-MAIL ADDRES						
				INSURF			RDING COVERAGE	ica	NAIC #	
INSURED							ers' Mutual Insurance		10320	
Ken Isaacs Interiors Inc.			INSURER C :							
141 Leestown Center Way Lexington, KY 40511				INSURER D :						
				INSURER E :						
COVERAGES CEF		^ATE	E NUMBER:	INSURE	(F:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICI		-	-	HAVE BE	EN ISSUED	TO THE INSU		THE PO	LICY PERIOD	
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AI	NY CONTRA THE POLIC EDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS		
	_		04074405		04/4 = 10 - 1 -	04 14 = 10 = 1 =	EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR   X Ltd Pollution	X		S1971162		01/15/2017	01/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10.000	
X \$100,000							MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	3,000,000	
OTHER:							SPRAY PAINT DED	\$	250	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)	) \$ \$		
AUTOS ONLY AUTOS ONLY								\$		
A X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	5,000,000	
EXCESS LIAB CLAIMS-MADE			S1971162		01/15/2017	01/15/2018	AGGREGATE	\$	5,000,000	
DED     RETENTION \$       B     WORKERS COMPENSATION							V PER OTH-	\$		
AND EMPLOYERS' LIABILITY			378924		01/15/2017	01/15/2018	X PER OTH- STATUTE ER	\$	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE		1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate holder is additional insured by v	LES (/		0 101, Additional Remarks Schedu	ule, may be	attached if mor	e space is requir	red)	ave 0	notice of	
cancelation applies to the general liability						n going and t	completed operations.	u uays		
				0.0.00						
				CANC	ELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Lexington-Fayette Urban Co		Gov	ernment	AUTHOR	IZED REPRESE	NTATIVE				
Division of Central Purchas 200 E. Main St., Room 338	Division of Central Purchasing 200 F. Main St. Room 338					Muchical Idathe				
Lexington, KY 40507					" persel / folthe					

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