

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/22/2017

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 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 su		, Cotatonione on		
PRODUCER 859-277-8877	CONTACT Elden Cox			
Kentucky Insurance Group LLC P O Box 910828		859-252-5831		
Lexington, KY 40591-0828 Elden Cox	E-MAIL ADDRESS: ecox@kentuckyinsurancegroup.com			
Liden Cox	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A : Cincinnati Insurance Co.	10677		
INSURED Environmental Recycling Inc Shawn Morris	INSURER B : Bridgefield Casualty Ins. Co.	34169		
3899 Winchester Rd	INSURER C:			
Lexington, KY 40509	INSURER D:			
	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD THE INS	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	CT TO WHICH THIS		

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,00
		CLAIMS-MADE X OCCUR	Υ		EPP 0365636	12/18/2016	12/18/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,00
			•					MED EXP (Any one person)	\$ 10,00
								PERSONAL & ADV INJURY	\$ 1,000,00
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,00
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,00
		OTHER:						Emp Ben.	\$ 1,000,00
Α	ΑՄ	COMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00
	Х	ANY AUTO			EBA 0365636	12/18/2016	12/18/2017	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,00
		EXCESS LIAB CLAIMS-MADE			EPP 0365636	12/18/2016	12/18/2017	AGGREGATE	\$ 1,000,00
		DED RETENTION\$							\$
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	1	196-06279	10/13/2017	10/13/2018	E.L. EACH ACCIDENT	\$ 1,000,00
		ICER/MEMBER EXCLUDED?	INTA					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,00
Α	Equ	uipment Floater			EPP 0365636	12/18/2016	12/18/2017	Limit	1,525,00
								Ded	2,50

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

Certificate holder is listed as Additional Insured with respect to the

General Liability when required by written contract.

CERTIFICATE HOLDER		CANCELLATION
LFUCG 200 E. Main St	LFUCGCP	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, KY 40507		AUTHORIZED REPRESENTATIVE