TMILLER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2017

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).

PRC	DUCER				CONTACT NAME:					
Lexington (BCK) / AssuredPartners NL 2443 Sir Barton Way, Suite 400 Lexington, KY 40509					PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, No): (859) 543-1987 E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURER A : Selective Insurance of South Carolina					19259
INSURED Clark's Auto Service, Inc. Bill Clark					INSURER B : Kentucky Retail Federation					
					INSURER C:					
764 B Westland Dr Lexington, KY 40504					INSURER D :					
					INSURER E : INSURER F :					
	VED 4 0 E 0	RTIFICATE NUMBER:			REVISION NUMBER:					
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIE				HAVE BEEN ISSUED	TO THE INCLU			TE DO	I ICV PERIOD
II C	IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WIT	TH RESPE	CT TC	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENC	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			S 1874036	10/13/2017	10/13/2018	DAMAGE TO RENTI PREMISES (Ea occu	ED (rrence)	\$	500,000
							MED EXP (Any one	,	\$	10,000
							PERSONAL & ADV I	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	SATE	\$	3,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG		\$	3,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	ANY AUTO			S 1874036	10/13/2017	10/13/2018	BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	SE	\$	
	AGTOG GIVE!						, , , , , , , , , , , , , , , , , , , ,		\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENG	DE .	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE			S 1874036	10/13/2017	10/13/2018	AGGREGATE \$		\$	2,000,000
	DED RETENTION \$								\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				01/01/2018	PER STATUTE	OTH- ER		
				2401158	01/01/2017		E.L. EACH ACCIDEN		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
Α	Garage Dealers			S 1874036	10/13/2017	10/13/2018				3,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	lle, may be attached if mo	re space is requi	red)			
CERTIFICATE HOLDER					CANCELLATION					
LFUCG					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
					THE EXPIRATIO	N DATE TH	EREOF, NOTICE			
	250 W. Main St				ACCORDANCE WITH THE POLICY PROVISIONS.					
	Lexington, KY 40503				AUTHORIZED REPRESENTATIVE					

Thomas M. Bubley