

Client#: 810170

66LEAKELI

## ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2017

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 any rights to the certificate holder in lieu of such endorsement(s).

-	nis certificate does not confer any rig	hts to the	certificate holder in lieu o			nt(s).				
PRODUCER BB&T Insurance Services, Inc.					CONTACT NAME:					
200 W Vine Street, Suite 300					PHONE (A/C, No, Ext): 859 224-8899 (A/C, No): 8666432260					
				ADDRE	SS:					
Lexington, KY 40507					INSURER(S) AFFORDING COVERAGE				NAIC#	
859 224-8899					INSURER A : Selective Insurance Co of America				12572	
INSURED Lock Eliminators I.I.C					INSURER B: Kentucky Associated Gen. Contract SIF					
Leak Eliminators LLC					INSURER C:					
Mr. Richard Lawrence				INSURER D:						
330 Lisle Industrial Ave.				INSUR	ERE:					
Lexington, KY 40511					INSURER F:					
co	VERAGES CER	TIFICATE	NUMBER:				REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN,	IT, TERM OR CONDITION O THE INSURANCE AFFORDEI	F ANY D BY T	CONTRACT OF THE POLICIES IN REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPE HEREIN IS SUBJECT T	CT TO W	HICH THIS	
LTR	TYPE OF INSURANCE	ADDLSUBF INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS		
A	X COMMERCIAL GENERAL LIABILITY		S2193955				EACH OCCURRENCE	\$1,0	000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500	0,000	
							MED EXP (Any one person)	s15,	,000	
							PERSONAL & ADV INJURY	\$1,0	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,0	00,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AC	ig \$2,0	00,000	
OTHER:								\$		
Α	AUTOMOBILE LIABILITY		S2193955		12/31/2017	12/31/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	X ANY AUTO						BODILY INJURY (Per person	) \$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accide	ent) \$		
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
A	UMBRELLA LIAB OCCUR		S2193955		12/31/2017	12/31/2018	EACH OCCURRENCE	\$5.0	00,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,0	00,000	
	DED RETENTION \$							\$		
В	WORKERS COMPENSATION		007722		01/01/2018	01/01/2019	X PER STATUTE E	TH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT		00,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A					E.L. DISEASE - EA EMPLOY	EE \$4,0	\$4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIM	IT \$4,0	00,000	
Α	Leased & Rented		S2193955		12/31/2017	12/31/2018	\$200,000 Limit			
							\$500 Deductible			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORI	ວ 101, Additional Remarks Schedu	ule, may	be attached if mo	ore space is requi	ired)			
CERTIFICATE HOLDER				CANCELLATION						
LFUCG, Division of Water Quality 125 Lisle Industrial Ave. Lexington, KY 40511				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Econografiy IV Tooll				RIZED REPRESE		dan			