

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

ATOMLINSON

DATE (MM/DD/YYYY) 02/02/2018

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).

<u> </u>	s certificate does not confer rights t	o tne	certi	ificate noider in lieu of su	ich end	iorsement(s)						
PRODUCER Carroll & Stone Insurance 1384 Clearwater Way, Ste. 200						CONTACT NAME: PHONE (A/C, No, Ext): (859) 269-1044 FAX (A/C, No): (859) 276-0266						
Lexington, KY 40515					ADDRE	E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : EMC Insurance Companies					21415	
INSURED						INSURER B : KEMI					10320	
Fuel Band LLC						INSURER C:						
2000 Hartford Court					INSURE	RD:						
Lexington, KY					INSURER E:							
						INSURER F:						
COVERAGES CERTIFI				E NUMBER:	REVISION NUMBER:							
INE CE	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH	H RESPE	CT TO	WHICH THIS	
NSR LTR TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A X COMMERCIAL GENERAL LIABILITY						,,	,, <u>, , , , , , , , , , , , , , , , </u>	EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR	х		5D16889		07/31/2017	07/31/2018	DAMAGE TO RENTEI PREMISES (Ea occurr	D D	\$	300,000	
		^						MED EXP (Any one pe		\$	5,000	
								PERSONAL & ADV IN	,	s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		1					GENERAL AGGREGA		\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/		\$	2,000,000	
H	OTHER: General Aggregate							PRODUCTS - COMP	OP AGG	-		
A AUTOMOBILE LIABILITY								COMBINED SINGLE I (Ea accident)	LIMIT	\$	1,000,000	
L	X ANY AUTO	X		5E16889		07/31/2017	07/31/2018	BODILY INJURY (Per	person)	\$		
-	OWNED AUTOS ONLY SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per PROPERTY DAMAGE (Per accident)	accident)			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	Ē	\$		
L	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
B	VORKERS COMPENSATION IND EMPLOYERS' LIABILITY						10/20/2018	X PER STATUTE	OTH- ER			
	NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		400854		10/20/2017		E.L. EACH ACCIDENT	Г	\$	1,000,000	
								E.L. DISEASE - EA EN	MPLOYEE	\$	1,000,000	
!	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	1,000,000	
or A	eiption of operations / Locations / Vehic I Work Performed G is added as additional insured unde	•		·	lle, may b	e attached if mor	re space is requir	red)				
CERTIFICATE HOLDER						CANCELLATION						
LFUCG 200 E. MAIN ST. LEXINGTON, KY 40507						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						