Client#: 1197538 64ALPHAMEC1

$ACORD_{\scriptscriptstyle{\mathbb{M}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/29/2018

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 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).

PRODUCER BB&T Insurance Services, Inc. 2600 Eastpoint Parkway	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: chovekamp@bbandt.com	866 881-2185
Louisville, KY 40223	INSURER(S) AFFORDING COVERAGE INSURER A : Zurich American Insurance Compa	NAIC #
Alpha Mechanical Service Inc dba Alpha Energy Solutions 7200 Distribution Drive Louisville, KY 40258	INSURER B: Continental Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:	20443

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ISR TR TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERA	AL LIABILITY			0380742	07/01/2017	07/01/2018	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
									MED EXP (Any one person)	\$10,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT AI	PPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	A AUTOMOBILE LIABILITY					0380743	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB	OCCUR			6012213608	07/01/2017	07/01/2018	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED X RETENTIO	N \$ 0							\$
Α					0380741	07/01/2017	07/01/2018	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)			117.7					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$1,000,000
В	Inst Floater					5088277303	07/01/2017	07/01/2018	\$360,000 Limit	
В	Lea	ased/Rented				5088277303	07/01/2017	07/01/2018	\$200,000 Limit	
	Eq	uipment							\$1,000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is recognized as Additional Insured under General Liability coverage as respects operations of insured to which this insurance applies. Coverage will not extend to any additional insured that is not provided by the insurance policy nor that is any broader coverage than the requirement of the written contract or agreement.

CENTIFICATE HOLDEN	CANCELLATION			
LFUCG 200 E. Main Street 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.			
-	AUTHORIZED REPRESENTATIVE			
	MISHU			

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