

MMEANS



DATE (MM/DD/YYYY) 02/16/2018

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.

	f SUBROGATION IS WAIVED, subj his certificate does not confer rights							require an endors	sement	. As	tatement on	
PRODUCER Lexington (C&S) / AssuredPartners NL 2443 Sir Barton Way, Suite 400 Lexington, KY 40509						CONTACT NAME:						
						PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, No): (859) 543-19 E-MAIL ADDRESS:						
		INSURE	INSURER A: Frankenmuth Mutual Insurance Company					13986				
INSU	URED	INSURER B:										
J2P, LLC DBA Overhead Door of Eastern KY PO BOX 159						INSURER C:						
						INSURER D:						
	Harold, KY 41635		INSURE	RE:								
						RF:						
СО	OVERAGES CE	RTIFI	CATE	E NUMBER:				REVISION NUMB	ER:			
IN C	IHIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUCH	REQU / PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH SED HEREIN IS SUB	RESPE(CT TC	WHICH THIS	
INSR	NSR TYPE OF INCURANCE			BR POLICY NUMBER		POLICY FFF	POLICY EXP		LIMITS			
A	X COMMERCIAL GENERAL LIABILITY		WVD	. 02.01 ((002.))	(MM/DD/YYYY	(INIMI/UU/TTTT)	05/04/2018	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			1,000,000	
	CLAIMS-MADE X OCCUR			CPP6352811		05/04/2017					500,000	
								MED EXP (Any one person) \$			5,000	
								PERSONAL & ADV INJ		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGAT		\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O			2,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIF (Ea accident)	MIT	\$	1,000,000	
	X ANY AUTO			BA 6352811		05/04/2017	05/04/2018	BODILY INJURY (Per po	erson)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per a	ccident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR					05/04/2017	05/04/2018	EACH OCCURRENCE		\$	1,000,000	
	EXCESS LIAB CLAIMS-MAD			CPP6352811				AGGREGATE		\$	1,000,000	
	DED RETENTION \$									\$		
Α	AND EMPLOYERS' LIARILITY		,	WC 6352811		05/10/2017	05/04/2018	X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT		\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)]						E.L. DISEASE - EA EMP	PLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT	\$	1,000,000	
DES Gen	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI neral Liability: Additional Insured Owr	CLES (ACORE	D 101, Additional Remarks Schedues or Contractors Autom	ile, may b	e attached if mor	re space is requir quired in by v	red) vritten contract.				
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CERTIFICATE HOLDER						CANCELLATION						
Lexington-Fayette Urban County Government 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.						
ı	209:011, 111 40001					AUTHORIZED REPRESENTATIVE						
		Jany Stafford										