

## **INTEARC-01**

**MMEANS** 

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 06/27/2018

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 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).

PRODUCER		CONTACT NAME:				
Lexington / AssuredPartners NL		PHONE (A/C, No, Ext): (859) 543-1716	FAX (A/C, No): (859)	c, <sub>No):</sub> (859) 543-1987		
2443 Sir Barton Way, Suite 400 Lexington, KY 40509		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	INSURER(S) AFFORDING COVERAGE			
		INSURER A: Sentinel Insurance Company Lt	11000			
INSURED		INSURER B : Hartford Accident & Indemnity (	22357			
Integrity Architecture	, Inc.	INSURER C: RLI Insurance Company	13056			
2414 Palumbo Dr., St	e. 125	INSURER D :				
Lexington, KY 40509		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBFR.			

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	INSR TYPE OF INSURANCE		R POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		33SBABN6803	01/18/2018	01/18/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		33UECZL1697	07/25/2017	07/25/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Comp/OTC Ded X Collision Ded \$500						\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE		33SBABN6803	01/18/2018	8 01/18/2019	AGGREGATE	\$	4,000,000
	DED X RETENTION \$ 10,000						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		33WECBJ8090	01/18/2018 01/18/2019	01/18/2019	E.L. EACH ACCIDENT	\$	1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	C Professional Liab		RDP0031447	01/18/2018		Prof Liab Occurrence		1,000,000
С	Professional Liab		RDP0031447	01/18/2018	01/18/2019	Prog Liab Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

**LFUCG** 200 East Main 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**