Client#: 1863261 131HARBOENT

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/19/2018

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	CONTACT NAME:	
BB&T Insurance Services, Inc.	PHONE (A/C, No, Ext): 407 691-9600 FAX (A/C, N	o): 888-635-4183
BB&T Insurance Services, Inc. PO Box 4927 Orlando, FL 32802-4927 407 691-9600  INSURED Harbor Enterprises LLC dba Survive-A-Storm Shelters 1207 Sunset Drive	E-MAIL ADDRESS:	<u>,,                                   </u>
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : Admiral Insurance Company	24856
	INSURER B : Hallmark Specialty Insurance Co	26808
dba Survive-A-Storm Shelters 1207 Sunset Drive	INSURER C : Colony Insurance Company	39993
	INSURER D : Employers Mutual Casualty Compa	21415
	INSURER E :	
Thomasville, GA 31792	INSURER F:	

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		TYPE OF INSURANCE	ADDL:	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY			CA0000258360	11/20/2017	11/20/2018	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	X	BI/PD Ded:2,500						MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
D	AUT	OMOBILE LIABILITY			5E2182518	11/20/2017	11/20/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
В		UMBRELLA LIAB X OCCUR			77HX178EC6	11/20/2017	11/20/2018	EACH OCCURRENCE	\$4,000,000
	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$4,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
С	C Pollution Liab				CSP306875	03/22/2018	03/22/2019	Limit - \$1,000,000	

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

Additional Insured status is granted with respects to General Liability per Blanket Additional Insured

Owners, Lessees or Contractors-Completed Operations-Scheduled Person or Organization (04/13); Additional Insured-Mortgagee, Assignee or Receiver. This insurance is Primary and Non-Contributory.

CERTIFICATE HOLDER	CANCELLATION
Lexington-Fayette Urban County Government 200 East Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE
	Charles Ross Holm

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		CERTIFICAT	E OF LIABI	LITY INS	SURANCE		Date 9/20/2018	
Producer: Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691		rights upon t	This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.					
		(727) 938-5562			Insurers Affording Cove	erage	NAIC #	
				Insurer A:	Inquiror A: Lion Inquirones Company			
11150	neu.	South East Personnel Leasing, 2739 U.S. Highway 19 N.	inc. & Subsidiani	Insurer B:				
		Holiday, FL 34691		Insurer C:	Insurer C: Insurer D:			
		Tionday, 1 E o loo l		Insurer D:				
				Insurer E:				
Cov	erage	s						
with re	spect to wl	surance listed below have been issued to the insured hich this certificate may be issued or may pertain, the have been reduced by paid claims.						
INSR	ADDL	Type of Insurance	Policy Number	Policy Effective	Policy Expiration Date	Limits		
LTR	INSRD	Type of modiance		Date (MM/DD/YY)	(MM/DD/YY)			
		GENERAL LIABILITY	<del>                                     </del>	(111117, 227, 11)	(11111111111111111111111111111111111111	Each Occurrence	ŝ	
		Commercial General Liability Claims Made Occur				Damage to rented premises (EA occurrence)	\$	
		<del>_</del>				Mod Evo	¢	
			]			Med Exp	φ	
		General aggregate limit applies per:	] ]			Personal Adv Injury	<b>Þ</b>	
		Policy Project LOC				General Aggregate	\$	
		<u> </u>				Products - Comp/Op Agg	\$	
		AUTOMOBILE LIABILITY				Combined Single Limit		
		Any Auto				(EA Accident)	\$	
		All Owned Autos				Bodily Injury	Φ.	
		Scheduled Autos				(Per Person)	<b>Þ</b>	
		Hired Autos				Bodily Injury	<b>•</b>	
		Non-Owned Autos				(Per Accident)	\$	
		H	-			Property Damage (Per Accident)	\$	
		EXCESS/UMBRELLA LIABILITY				Each Occurrence		
		Occur Claims Made				Aggregate		
		Deductible						
Α		rs Compensation and yers' Liability	WC 71949	01/01/2018	01/01/2019	X WC Statu- tory Limits OTH- ER		
	•	prietor/partner/executive officer/member				E.L. Each Accident	\$1,000,000	
	exclude	<sup>d?</sup> NO				E.L. Disease - Ea Employee	\$1,000,000	
	If Yes, d	lescribe under special provisions below.				E.L. Disease - Policy Limits	\$1,000,000	
	•	s of Operations/Locations/Vehicles/E	xclusions added by	Endorsement/S	pecial Provisions:	Client ID: 80-67		
Cover	age only	applies to active employee(s) of South East Pe	<u>.</u>		e leased to the following " Survive-A-Storm Shelte	• •		
Cover	age only	applies to injuries incurred by South East Pers	• •					
		not apply to statutory employee(s) or independent	•			0/11		
	-	rive employee(s) leased to the Client Company	* *			(727) 938-5562.		
Proje	ct Name	TORNADO SHELTER FOR MRF						
ISSUE	09-20-1	8 (RK)						
						Begin Date	e: 10/7/2016	
CER	TIFICATE	HOLDER	V COVEDNIMENT	CANCELLATION Should any of the abo	we described policies be seemed			
				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.				
200 EAST MAIN STREET, ROOM 338			6 77					
LEXINGTON, KY 40507				Down Farm				