| CER | TIFICATE OF INSURANCE | E Issue Date: October 25, 2018 | | | | | |
|----------------------------------|--|---|---------------------------|----------------|--|--------------------|--|
| INSUR | ER | This certificate is issued as a matter of information only and confers no rights upon the | | | | | |
| KACo All Lines Fund | | certificate holder. This certification does not amend, extend or alter the coverage afforded | | | | | |
| 400 Englewood Drive | | by the policies below. | | | | | |
| F | rankfort, Kentucky 40601 | | | | | | |
| 1 | -800-264-5226 | Company Letter A: | KACo A | ll Lines Fund | | | |
| INSUR | ED | Company Letter B: | | | | | |
| Е | Employment Solutions, Inc. | Company Letter C: | | | | | |
| 1 | 084 Whipple Court | Company Letter D: | | | | | |
| L | exington, KY 40511 | Company Letter E: | | | | | |
| | | | | | | | |
| | COVERAGES | | | | | | |
| | his is to certify that the policies of insu | | | | | | |
| | ndicated. Notwithstanding any requirer | | | | | | |
| | ertificate may be issued or may pertain, | | | | is subject to all terms, | | |
| e: | xclusions, and conditions of such polici | ies. Limits shown ma | y have been redu | ced by claims. | | | |
| | | T | | | T | | |
| CO | Type of Insurance | Policy | Policy Eff. | Policy Exp. | | All Limits | |
| LTR | C 11: 12: | Number | Date | Date | C 1 A | in Thousands | |
| | General Liability | | | | General Aggregate | \$5,000 | |
| - | Claims Made V Commune | P&C3273 | 7/1/2018 | 7/1/2019 | Products-Comp/Ops Aggr Personal & Adv. Injury | \$5,000 \$3,000 | |
| A | Claims Made X Occurrence Owner's & Contractor's Prot. | P&C32/3 | //1/2016 | //1/2019 | Each Occurrence | \$3,000 | |
| | Owner's & Contractor's Frot. | | | | Fire Damage (Any 1 Fire) | \$3,000 | |
| | | | | | Medical Exp. (Any 1 Pers.) | \$5,000 | |
| | Automobile Liability | | | | Combined Single Limit | \$5,000 | |
| | X Any Auto Hired Auto | | | | Bodily Injury (Per Pers.) | Ψ2,000 | |
| A | All Owned Non-Owned | P&C3273 | 7/1/2018 | 7/1/2019 | Bodily Injury (Per Acc.) | | |
| | Scheduled | | | , , , = - | Property Damage | | |
| | | | | | Deductible (comp/coll) | \$500 | |
| | Property | | | | , , , | " | |
| | Inland Marine | | | | As Per Statement on File | | |
| | | | | | | | |
| | Law Enforcement | | | | Each Occurrence | | |
| | | | | | Aggregate | | |
| | Errors & Omissions | | | | Each Occurrence | | |
| | - · · · · · · · · · · · · · · · · · · · | | | | Aggregate | | |
| - | Employment Practices | | | | Each Claim | | |
| | In 1 | | | | Aggregate | | |
| - | Flood | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Descri | iption of Operations/Locations/ | <u>l</u> Vehicles /Special I | tems: | | | | |
| Descii | prior of Operations, Locations, | - | Labor for Ger | oral Sorvicos | | | |
| | | тетпрогагу | Labor for Ger | ierar services | • | | |
| | | | | | | | |
| | Additional Consumal Production | | | | and Faranta and Caladian | Land | |
| | | | contract betw | een LFUCG a | nd Employment Solutions | , Inc. | |
| Certificate Holder Cancellation: | | | | | | | |
| | Loss Payee Should any of the above described policies be cancelled before the expiration date thereof, | | | | ate thereof, | | |
| X Additional Insured | | the issuing company will endeavor to mail 30 days written notice to the certificate holder named | | | | | |
| | | to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon | | | | | |
| LFUCG | | the company, its agents, or representatives. | | | | | |
| | | * ' | Authorized Representative | | | | |
| Min / Mann | | | | | | | |
| | | | / | 177 | , | | |
| | | | | / | | | |

KACo WORKERS COMPENSATION FUND

400 Englewood Drive Frankfort, KY 40601 1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

| KACO W/C-4 | | Agent: | | | |
|------------|--|-------------|--|--|--|
| ITEM 1 - | Name and Address of Insured: | | | | |
| | Employment Solutions, Inc. | | | | |
| | 1084 Whipple Court | | | | |
| | Lexington, KY 40511 | | | | |
| ITEM 2 - | Certificate Number: WC2018-3125 | | | | |
| ITEM 3 - | Effective Date: Sunday, July 01, 2018 Expiration Date: Monday, July 01, 2019 12:01 A.M., standard time at the address of the Insured as stated herein. Cancellation Notice: 60 Days - Pursuant to KRS 304.50 | | | | |
| ITEM 4 - | Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342) | | | | |
| ITEM 5 - | Company's Limit of Indemnity Each Occurrence: | | | | |
| | (a) For Workers Compensation: | Statutory | | | |
| | (b) For Employers Liability: | \$2,500,000 | | | |

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 25th day of October, 2018

Kris Dunn, Underwriting Manager

KACoMaking Workers Comp Work in Kentucky