

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/17/2019

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:				
The Hademuriters Crown Inc		502-244-1411			
The Underwriters Group, Inc. 1700 Eastpoint Parkway	E-MAIL ADDRESS:				
P.O. Box 23790	INSURER(S) AFFORDING COVERAGE	NAIC#			
Louisville, KY 40223	INSURERA: Sentinel Insurance Company Ltd	11000			
INSURED	INSURER B: Trumbull Insurance Company	27120			
JRA, Inc.	INSURERC: XL Specialty Insurance Company	37885			
3225 Summit Square P1, Ste 200 Lexington, KY 40509	INSURER D:				
Bexing con, ki 40005	INSURER E:				
	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. NOTWITH STANDING 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

SR TR		ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY		33SBABK6837	07/12/2018	07/12/2019	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					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:						\$
	AUTOMOBILE LIABILITY		33UECKP1502	07/12/2018	07/12/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	HCPD						\$
A	X UMBRELLA LIAB X OCCUR		33SBABK6837	07/12/2018	07/12/2019	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
	DED X RETENTION \$ 10,000						\$
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		33WECBF6393	07/12/2018	07/12/2019	X PER OTH- STATUT E ER	
	ANY PROPRIET OR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
2	Professional Liability		DPR9926799	06/18/2018	06/18/2019	Per Claim Aggregate	2,000,000 2,000,000

CANCELLATION			
CANCELLATION			
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  Lune W Fergusor			

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