

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/15/2019

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 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).											
this certificate does not confer rights to the certificate holder in lieu of such						CONTACT Account Executive					
Elite Insurance Solutions					NAME: FAX (615) 371 5400 FAX (615) 224-8645						
1894 General George Patton Dr					(A/C, No, Ext): (010) 011 0100 (A/C, No): (010) 221 0010 E-MAIL info@mveliteis.com						
Suite 100					ADDRESS:						
Franklin TN 37067					INSURER(S) AFFORDING COVERAGE					NAIC # 26271	
INSURED										35585	
C3 MECHANICAL LLC					INSORER B. C I S I S					00000	
210B HAHN DR					INSURER C :						
					INSURER D :						
FRANKFORT KY 40601-8440					INSURER E :						
COVERAGES CERTIFICATE NUMBER: CL1931210720											
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.											
	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
			W VD						1,000	,000	
							01/29/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000		
						01/29/2019		MED EXP (Any one person) \$	5,000)	
А				Q37-2950840					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:							\$			
								COMBINED SINGLE LIMIT (Ea accident)	T \$ 1,000,000		
	ANY AUTO							BODILY INJURY (Per person) \$	on) \$		
А	OWNED SCHEDULED AUTOS			Q01-2930815		01/29/2019	01/29/2020	BODILY INJURY (Per accident) \$	dent) \$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
								PIP-Basic \$			
	VMBRELLA LIAB OCCUR	ELLA LIAB OCCUR						EACH OCCURRENCE \$	+		
А	EXCESS LIAB CLAIMS-MADE			Q25-2970284		01/29/2019	01/29/2020	AGGREGATE \$	1,000	,000	
	DED RETENTION \$							\$			
		N/A		Q85-7900221		01/29/2019	01/29/2020	X PER OTH- STATUTE ER			
A	NY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	г <u></u> \$ 500,000		
(Mandatory in NH)					01/20/2010	0172072020	E.L. DISEASE - EA EMPLOYEE \$	500,0	00	
	i yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,0	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LFUCG Is listed as an additional insured.											
CERTIFICATE HOLDER						CANCELLATION					
LFUCG 200 E 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. AUTHORIZED REPRESENTATIVE						
								0			
Lexington				KY	Rang: Huto						

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