

SROSOLOWSKI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/2019

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).

PRODUCER	CONTACT NAME:			
.exington / AssuredPartners NL 2443 Sir Barton Way, Suite 400	PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, No): (859)			
exington, KY 40509	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			
	INSURER A: Admiral Insurance Company			
NSURED	INSURER B: Frankenmuth Mutual Insurance Company			
Innovative Demolition Service, LLC	INSURER C: Hudson Excess Insurance Company	14484		
835 Porter Place	INSURER D: Bridgefield Casualty Insurance Co			
Lexington, KY 40508	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. 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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α		COMMERCIAL GENERAL LIABILITY				1		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CA000031507-01	07/27/2018	07/27/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			6614416	01/01/2019	10/15/2019	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000	
	X	EXCESS LIAB CLAIMS-MADE			HXS1000616-01	07/27/2018	07/27/2019	AGGREGATE	\$	
		DED X RETENTION \$ 0						Aggregate	\$	5,000,000
D	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	(Mandatory in NH)		N / A	N/A 0196-47749 01/01/2019	0196-47749	01/01/2019	10/15/2019	E.L. EACH ACCIDENT	\$	1,000,000
			N / A			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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 with respects to the General Liability policy per written contract.

CERTIFICATE HOLDER	CANCELLATION					

LFUCG 200 E Main St 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