

CERTIFICATE OF LIABILITY INSURANCE

9/1/2019

DATE (MM/DD/YYYY) 5/31/2019

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).

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PRODUCER	Lockton Companies	CONTACT NAME:					
	3280 Peachtree Road NE, Suite #250	PHONE (A/C, No, Ext):	FAX (A/C, No):				
	Atlanta GA 30305 (404) 460-3600	E-MAIL ADDRESS:					
	(404) 400-3000	INSURER(S) AFFORDING COVERAGE		NAIC#			
		INSURER A: Gemini Insurance Company	10833				
INSURED 1364746	Bateman Community Living LLC	INSURER B: Sentry Insurance a Mutual Company		24988			
	101 Pine Park Drive	INSURER C: Sentry Casualty Company	-	28460			
	Lafayette LA 70508	INSURER D: Landmark American Insurance Co	RD: Landmark American Insurance Company				
		INSURER E: XL Insurance America, Inc.		24554			
		INSURER F:					

COVERAGES CERTIFICATE NUMBER: 16116451 REVISION NUMBER: XXXXXXX

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.

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INSR LTR	NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	N	N	90-18840-06	9/1/2018	9/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000	
	X POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT \$ 1,000,000	
B B	ANY AUTO OWNED SCHEDULED	N	N	90-18840-04 (AOS) 90-18840-05 (MA)	9/1/2018 9/1/2018	9/1/2019 9/1/2019	(Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXX	
A	AUTOS ONLY HIRED AUTOS ONLY X Drive Other			GVE100207901(1X1)	9/1/2018	9/1/2019	BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX Excess Limit \$ 1,000,000	
Е	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	N	N	US00086357LI18A	9/1/2018	9/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000	
B C			N	90-18840-01 90-18840-02 (Retro)	9/1/2018 9/1/2018	9/1/2019 9/1/2019	\$ XXXXXXX X PER OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
B D	Liquor Liability Professional Liability	N	N	90-18840-06 LHM771450	9/1/2018 9/1/2018	9/1/2019 9/1/2019	\$1,000,000/\$2,000,000 \$3,000,000/\$3,000,000	

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

CERTIFICATE HOLDER	CANCELLATION
16116451 Family Care Center 1135 Harry Sykes Way Lexington KY 40504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE THE FAULT STATE OF THE PROPERTY OF