

## RTIFICATE OF LIABILITY INSURANCE

JHIMES DATE (MM/DD/YYYY)

ZKBSERV-01

Í	CERTIFICATE OF LIABILITY INSURANCE						12/27/2018		
E		CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A	IVELY ( SURANC	OR NEGATIVELY AMEND CE DOES NOT CONSTITU	, EXTEND OR AL	TER THE CO	OVERAGE AFFORDED	) ВҮ ТН	E POLICIES
l II	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje- certificate does not confer rights t	ct to th	e terms and conditions of	f the policy, certain	policies may			
PRC	DUC	ER			CONTACT NAME:	/			
Lex	ingt	on (C&S) / AssuredPartners NL			PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, No			<sub>o):</sub> (859) 543-1987	
Lex	3 SI ingt	r Barton Way, Suite 400 on, KY 40509			E-MAIL ADDRESS:				
	Ū					SURER(S) AFFO	RDING COVERAGE		NAIC #
							ual Insurance Comp	any	13986
INS	JRED	1			INSURER B : ClearPath Mutual				16273
		ZKB Service LLC.			INSURER C : Westchester Surplus Lines Insurance Compa			ompany	10172
		115 MacArthur Ct			INSURER D :				
		Nicholasville, KY 40356			INSURER E :				
					INSURER F :				
CC	VE	RAGES CER		TE NUMBER:	REVISION NUMBER:				-
		IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	REQUIREI PERTAI	MENT, TERM OR CONDITIC N, THE INSURANCE AFFOR	ON OF ANY CONTRA RDED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RES BED HEREIN IS SUBJECT	РЕСТ ТО	WHICH THIS
INSF		TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIN	LIMITS	
A	X						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		6611458	12/15/2018	12/15/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X						PRODUCTS - COMP/OP AGO	G\$	2,000,000
		OTHER: General Aggregate						\$	
A	AU						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X			6611457	12/15/2018	12/15/2019	BODILY INJURY (Per person)	) \$	
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accider	nt) \$	
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	X	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE	_	6611458	12/15/2018	12/15/2019	AGGREGATE	\$	2,000,000
		DED X RETENTION \$ 10,000						\$	
B	WO	RKERS COMPENSATION DEMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	AN	PROPRIETOR/PARTNER/EXECUTIVE	N/A	WC100-0019798	11/03/2018	11/03/2019	E.L. EACH ACCIDENT	\$	2,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOY	EE \$	2,000,000
	DÉS	es, describe under SCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMI	т \$	2,000,000	
C	Po	Ilution Liability		G27526962	11/06/2018	11/06/2019			1,000,000
DES		TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Sched	ule, may be attached if mo	re space is requi	red)		
			·		-	•			

CERTIFICATE HOLDER	CANCELLATION				
LFUCG Division of Central Purchasing 200 E Main St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED I ACCORDANCE WITH THE POLICY PROVISIONS.				
	AUTHORIZED REPRESENTATIVE				
	Jerry Stafford				

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