MBEYERLE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2019

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 Garrett-Stotz Company 1601 Alliant Ave Louisville, KY 40299					CONTACT Maureen Beyerle NAME: PHONE (A/C, No, Ext): (502) 415-7058 EMARESS: mbeyerle@garrett-stotz.com											
											INSURER(S) AFFORDING COVERAGE					
					INSURER A : Granite State Insurance Co.											
					INSURED									19992		
					Kiesler Police Supply, Inc. 2802 Sable Mill Rd Jeffersonville, IN 47130					INSURER C: National Union Fire Ins.						
: America	n Home A	ssurance Co		19380												
INSURER E :																
				INSURER F:												
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME FAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	IN OF ANY DED BY THE BEEN RED	CONTRAC HE POLICI UCED BY I	OT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	CT TO	WHICH THIS							
INSR TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	PC	DLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s								
A X COMMERCIAL GENERAL LIABILITY	2130	7170		1400			EACH OCCURRENCE	s	1,000,000							
CLAIMS-MADE X OCCUR	х		02LX0808368490	8	/1/2018	8/1/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000							
GENL AGGREGATE LIMIT APPLIES PER.	^			1 7			MED EXP (Any one person)	s	10,000							
							PERSONAL & ADV INJURY	S	1,000,000							
							GENERAL AGGREGATE	3	2,000,000							
								133	2,000,000							
							PRODUCTS - COMP/OP AGG	3								
B AUTOMOBILE LIABILITY X ANY AUTO OWNED SCHEDULED		-				01410040	COMBINED SINGLE LIMIT	\$	1,000,000							
	х			8/1/2018			(Ea accident)	\$	1,000,000							
			TRA4037244		8/1/2019	BODILY INJURY (Per person)	5									
AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$								
HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	8								
								\$								
C X UMBRELLA LIAB X OCCUR			E200023-00-64-0-60-4		0.410040	2442242	EACH OCCURRENCE	S	5,000,000							
EXCESS LIAB CLAIMS-MADE	4		29UD080836850	8	8/1/2018	8/1/2019	AGGREGATE									
DED X RETENTIONS 10,000							Policy Agg	\$	5,000,000							
D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					200000000000000000000000000000000000000	10000000	PER OTH									
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			WC033464074	4	/1/2019	4/1/2020	E.L. EACH ACCIDENT	5	500,000							
							E.L. DISEASE - EA EMPLOYEE	5	500,000							
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	5	500,000							
DESCRIPTION OF EATHER																
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL LFUCG is named as additional insured for	LES IA	COR	D 101, Additional Remarks Schedu	ule, may be att	tached if mor	e space is requi	red)	nolis	, torms 9							
conditions as required by a written contract	ne ge t. L.EU	ICG	is also additional insured	on the auto	liability a	s required by	y a written contract. A 30	day n	otice of							
cancellation applies except for non paymen								,								
1905 Period (1906) 100 Central Period (2005) 200 April 2000 Central Ce																
CERTIFICATE HOLDER					CANCELLATION											
				75258600			West Processor									
Lexington-Fayette Urban County Government Division of Central Purchasing 200 E. Main St					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											

Lexington, KY 40507

Sonald J. Much