

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/08/2019

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 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)

Value In 8 Fin Services Value	certificate holder in lieu of such endorsement(s).										
MUSURED STATE OF SURPLY IN THAT THE POLICIES OF INSURED SET IN THE STATE OF SURPLY IN THE S	PRODUCER					CONTACT NAME:					
MUSURED STATE OF SURPLY IN THAT THE POLICIES OF INSURED SET IN THE STATE OF SURPLY IN THE S	Yeager Ins & Fin Services					PHONE FAX (A/C No.):					
MAURER 9. HUTGIAGE MAURER 9. Foster Supply Inc	3786 Teavs Valley Road				E-MAIL ADDRESS:						
Foster Supply Inc 974 Tayay Valley Rd Sout Depot Sout Depot COVERAGES CERTIFICATE NUMBER: SOUTH THAT THE POLICES OF INSURANCE LISTED BECOMH AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHS HANDING ANY RECUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE TERMS, EXCHANGE AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE TERMS, EXCHANGE AND CONTRACT OR OTHER DOCUMENT. WITH RESPECT TO WHICH THE TERMS, EXCHANGE AND CONTRACT OR OTHER DOCUMENT. WITH RESPECT TO WHICH THE TERMS, EXCHANGE AND CONTRACT OR OTHER DOCUMENT. WITH RESPECT TO WHICH THE TERMS, EXCHANGE AND THE TERMS, EXCHANGE AND THE TERMS, EXCHANGE AND THE TERMS AND CONTRACT OR OTHER DOCUMENT. WITH THE TERMS, EXCHANGE AND THE TERMS AND CONTRACT OR OTHER DOCUMENT. WITH THE TERMS, EXCHANGE AND THE TERMS AND CONTRACT OR OTHER DOCUMENT. THE TERMS AND CONTRACT OR O				F							
Foster Supply Inc 9374 Teaps Valley Rd MISURED C: MISURED CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME PORT THE FOX PRIOR DECOMENTY THAT THE POLICIES DECOMENTED THE POLICIES DECOMEN THAT THE POLICIES DECOMEN THE POLICIES DECOMEN THAT THE POLICIES D	Hurricane WV 25526				· ·					12372	
SOUT Depot SOUT Depot WV 25500 MSURER F: MSURER F: MSURER F: MSURER F: MSURER F: REVISION NUMBER: REVISION NUMB	INSURED				INSURER B:						
SOUT Depot W 25500 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME O ABOVE FOR THE POLICY PERIOD NOISOLATED. NOTWITH'S TAMBONG ANY REQUIREMENT. TERMS OR CONSTITUTOR OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO MICH THIS SHOULD NOT THE POLICY PERIOD ON THE PERIOD	Foster Supply Inc				INSURER C:						
Scott Depot	9374 Teays Valley F	₹d			INSURER D:						
THIS IS TO CERTIFY THAT THE POLICES OF INSURENCE LISTED BELOW HAVE BEEN ISSUED TO THE INDUCED 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 AFFORCED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FOR THIS MAN AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FOR THIS MAN AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FOR THIS MAN AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FOR THE MAY AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FOR THE MAY AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FORM AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FORM AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FORM AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FORM AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJO CLAMS. THE FORM AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAJOR OF THE POLICY POLICIES BE CANCELLED BEFORE THE SUBJECT TO ALL THE RISK SHOWN MAY HAVE BEEN REDUCED BY PAJOR OF THE POLICIES BE CANCELLED BEFORE THE SUBJECT TO ALL THE RISK SHOWN MAY HAVE BEEN REDUCED. THE SUBJECT TO ALL THE POLICY PROVISIONS. THE SUBJECT TO ALL THE RISK SHOWN MAY HAVE BEEN REDUCED BY PAJOR OF THE POLICIES BE CANCELLED BEFORE THE RISK SHOWN MAY HAVE BEEN REDUCED. THE SUBJECT TO ALL THE RISK SHOWN MAY HAVE BEEN REDUCED. THE SUBJECT TO ALL THE POLICY PROVISIONS. THE SUBJECT TO ALL THE RISK SHOWN MAY HAVE BEEN REDUCED. THE SUBJECT TO ALL THE RISK SHOWN MAY HAVE BEEN REDUCED BY THE RISK SHOWN					INSURER E:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDIA ANY REQUIREMENT, TERM OR CONDITION OF ANY THORSE POLICY PERIOD INDICATED. NOTWITHSTANDIA ANY REQUIREMENT, TERM OR CONDITION OF ANY THORSE POLICY POLICY PROVIDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY ADD CLAIMS. TYPE OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY ADD CLAIMS. TYPE OF INSURANCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY ADD CLAIMS. TYPE OF INSURANCE AND CONTROL OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY ADD CLAIMS. THE SUBJECT TO ALL THE TERMS, EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY ADD CLAIMS. THE SUBJECT TO ALL THE TERMS, EXCLUSIONS OF SUCH POLICIES. AND CLAIMS. THE SUBJECT TO ALL THE TERMS, EXCLUSIONS OF SUCH POLICIES. SUBJECT TO ALL THE TERMS, EXCLUSIONS OF SUBJECT TO ALL THE TERMS. EXCLUSIONS OF SUBJECT TO ALL THE TERMS. THE SUBJECT TO ALL THE TERMS. EXCLUSIONS OF SUBJECT TO ALL THE TERMS. EACH OCCURRENCE TO ALL THE TERMS. EXCLUSIONS OF SUBJECT TO ALL TH	Scott Depot		WV	25560	INSURER F:						
INDICATED. NOTWITHSTANDING ANY RECURREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPORT TO WHICH THIS SECRETIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORCED BY THE POLICIES DESCRIBED HERE IN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LUBBUITY	COVERAGES	CERTIFICA	ATE NUMBER:		REVISION NUMBER:						
COMMERCIAL GENERAL LABILITY CAMBAGE COURT COUR	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.										
CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR COLOR DATA CONTROL OF THE ADVE LESS READ OF THE ADVE DESCRIBED POLICIES BE CANCELLED BEFORE COLOR DATA CORDANCE UNIT MAPILIES PER PRODUCTS. COMMON AD SINCE UNITS. COMMON AD SINCE UNITS. COMMON AD SINCE UNITS. COMMON SINCE UNITS	INSR LTR TYPE OF INSURANCE	ADDLS INSD V	SUBR WVD PO	LICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
PREMISES ITS COUNTRINGS \$ PREMISES ITS COUNTRIN		LITY						EACH OCCURRENCE	\$		
PERSONAL & ADV INLURY S GENERAL AGGREGATE LIMIT APPLIES PER POLICY PEOT LOC OTHER AUTOMOBILE LIABILITY S GENERAL AGGREGATE S PRODUCTS - COMPIOP AGG S FRODUCTS - COMPION	CLAIMS-MADE OC	CUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
GENT AGGREGATE LINT APPLIES PER POLUCY STORM STO								MED EXP (Any one person)	\$		
PRODUCTS - COMPRIOR AGC \$ OTHER AUTOMOBIL LUBILITY ANY AUTO ALL GWINED SHIGLE LIMIT \$ BOOLITY MUJRY (Per person) \$ BOOLY MUJRY (Per accident) \$ BOOLY MUJRY (Per accident) \$ BOOLY MUJRY (Per accident) \$ BOOLY											
POLICY SECTION		ER:									
ANT AUTONOBLE LIABILITY ANY AUTO ALLOWNED AUTOS	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
BOOLLY INJURY (Per person) \$ S BOOLLY INJURY (Person) \$ S BOOLLY INJURY (Per person) \$ S BOOLLY INJURY (Person) \$ S BOOLLY INJURY (Per person) \$ S BOOLLY I	OTHER:								\$		
ALLOWNED AUTOS SERVINE SERVI	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
AUTOS HIRDAUTOS HIRDAUTOS HIRDAUTOS ONNOMINED NONOWNED NO	ANY AUTO							BODILY INJURY (Per person)	\$		
MIRED ALIOS								, ,	\$		
UMBRELLA LIAB CCLUR CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE MPOPEL CORPORATION STATUTE TO STATUTE		WNED						PROPERTY DAMAGE (Per accident)	\$		
EXCESS LIAB OCCUMENTATION OF OPERATIONS OF OPERATIONS Delow DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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									\$		
DED RETENTIONS S WORKERS COMPENSATION AND EMPLOYERS LIABBILITY AND PROPORTICTORIPARTNER/SECUTIVE Y If you describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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	UMBRELLA LIAB OCI	CUR						EACH OCCURRENCE	\$		
WORKER'S COMPENSATION AND EMPLOYER'S LIBBILITY AND PROPICTION OF DETAILORS DELOW UNDERSORTED UNDERSORT	EXCESS LIAB CLA	IMS-MADE						AGGREGATE	\$		
AND EMPLOYMENT SUBSEINT STREET OF SUBBROGATION APPLIES IN FAVOR OF THE HOLDER. AND PROPRIETOR/PARTNER/EXECUTIVE Y N/A WCB1019849-19 07/30/2019 07/30/2019 07/30/2010 EL DISEASE - EA EMPLOYEE \$1,000,000	DED RETENTION\$								\$		
A ANY PROPRIETOR/PARTNER/SECUTIVE Y N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, clear the secution of operations below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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 LFUCG 200 E. Main Street AUTHORIZED REPRESENTATIVE	AND EMPLOYERS! LABILITY							X PER STATUTE X OTH-	BROA	AD FORM	
Mandatory in NH) EL DISEASE - EA EMPLOYEE \$ 1,000,000	ANY PROPRIETOR/PARTNER/EXECUTIVE		WCB1019849-19		07/20/2040		07/20/2020	E.L. EACH ACCIDENT	\$ 1,00	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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	(Mandatory in NH)					07/30/2019	07/30/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000	
OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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	If yes, describe under DESCRIPTION OF OPERATIONS below							4 000 000		00,000	
OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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											
OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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											
OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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											
BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE HOLDER. CERTIFICATE HOLDER CANCELLATION 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	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER CANCELLATION 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	OWNERS/OFFICERS/PARTNERS EXCLUDED: RONALD FOSTER AND CHARLES KING										
CERTIFICATE HOLDER CANCELLATION 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	DI ANIZET WAIVED OF SURBOCATION ARRIJES IN FAVOR OF THE HOLDER										
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	BEANILE WAIVER OF SOURCOATIONALLEES IN LAVOR OF THE HOLDER.										
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											
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											
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											
LFUCG 200 E. Main Street THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	CERTIFICATE HOLDER					CANCELLATION					
200 E. Main Street AUTHORIZED REPRESENTATIVE						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
AUTHORIZED REPRESENTATIVE											
Lexington KY 40507 Tany Dilland	200 E. Main Street					AUTHORIZED REPRESENTATIVE					
	Lexington KY 40507				Keny Dilland						