| | Client | #: 11 | 164 | 86 | | BASH | | | | |
|---|---|-------|-------|---|--|-------------------|--|----------------|---------------------------------|--|
| | ACORD _™ CERT | IFI | CA | TE OF LIABIL | LITY INSURANCE | | | | DATE (MM/DD/YYYY) 11/01/2019 | |
| 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 any rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | |
| PRODUCER CONTACT USI Insurance Services | | | | | | | | | | |
| US | Insurance Services LLC-CL | | | PHONE (A/C, No, Ext): 502-815-5200 [FAX (A/C, No): 855-209-1246 | | | | | | |
| | Breckenridge Lane te 50 | | E | E-MAIL ADDRESS: | | | | | | |
| Louisville, KY 40207 | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC # | |
| | | | | IN | INSURER A : Phoenix Insurance Company | | | | 25623 | |
| INSU | Basham Construction & R | enta | | mnany In | INSURER B : Travelers Property Cas. Co. of America | | | | 25674 | |
| | 1102 South Park Road | onta | | IN | INSURER C : KY Associated General Contractors | | | | A55002 | |
| | Fairdale, KY 40118-9784 | | | IN | NSURER D : Travelers Property Casualty Ins. Co | | | | 36161 | |
| | | | IN | 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 TYPE OF INSURANCE ADDLISUBR POLICY NUMBER POLICY EFF POLICY EXP LIMITS | | | | | | | | | | |
| INSR LTR | | INSR | WVD | POLICY NUMBER | | | | IMITS | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | CO9L150668 | 01/01/2019 | 01/01/2020 | EACH OCCURRENCE | | 0,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300 | 000 | |
| | X PD Ded:2,500 | | | | | | MED EXP (Any one person) | \$5,00 | 0 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,00 | 0,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,00 | 0,000 | |
| | POLICY PRO- JECT LOC | LOC | | | | | \$ | | 0,000 | |
| В | AUTOMOBILE LIABILITY | | | 8109L14953A | 01/01/2019 | 01/01/2020 | COMBINED SINGLE LIMIT (Ea accident) | | 0,000 | |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | | -, | |
| | OWNED SCHEDULED | | | | | | BODILY INJURY (Per accident |) \$ | | |
| | V HIRED V NON-OWNED | | | | | | PROPERTY DAMAGE | \$ | | |
| | AUTOS ONLY AUTOS ONLY XDrive Oth Car | | | | | | (Per accident) | \$ | | |
| в | | | | CUP9L20018A | 01/01/2010 | 01/01/2020 | EACH OCCURRENCE | \$10.000.000 | | |
| 5 | | | | CUF9L20016A | 01/01/2019 | 01/01/2020 | | | , | |
| | CEAINIS-MADE | _ | | | | | AGGREGATE | | \$10,000,000 | |
| С | DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 006981 | 01/01/2019 | 01/01/2020 | X PER OTHER | \$ - | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | \$4,00 | 0,000 | |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE \$4,0 | | 0,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$4,00 | 0,000 | |
| D D | Installation Fltr Contractors Equip | | | QT6600N243386 QT6608F926464 | | | \$1.2M Limit/\$2500 Ded As Scheduled/\$2500 Ded | | | |
| | | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | • | | | | ore space is requ | ired) | | | |
| | Shandon, Winburn & Thorough | | | | | | | | | |
| | e General Liability policy includes | | | | | - | | | | |
| Ins | ured status to the Certificate Hole | der o | nly v | when there is a written c | ontract that rec | quires such | status | | | |
| and only with regard to work performed on behalf of the named insured. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 05 | | | | ~ | 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 | | | | | |
| 1 | | | | Adres | | | | | | |

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