

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2019

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)

this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).								
PRODUCER			CONTACT Kathy Vincent ACSR					
Welch, Grahan	n & Ogden Ins., Inc.		PHONE (A/C, No, Ext): (703) 530-1300 FAX (A/C, No): (703) 53	0-9994				
7723 Ashton Avenue			E-MAIL ADDRESS: kvincent@wgoins.com					
			INSURER(S) AFFORDING COVERAGE	NAIC#				
Manassas		VA 20109	INSURER A: Cincinnati Insurance Company	10677				
INSURED			INSURER B: Cincinnati Indemnity Co	23280				
	All Recreation of Virginia, Inc		INSURER C:					
	20609 Gordon Park Square		INSURER D :					
	Suite 170 & 190		INSURER E :					
	Ashburn	VA 20147	INSURER F:					
COVERAGES	CERTIFICATE NUMBE	R: 19/20 w/	Crime REVISION NUMBER:					
THIS IS TO CERTIEV THAT THE DOLLGIES OF INISIDANCE LISTED BELOW HAVE BEEN ISSUED TO THE INISIDED NAMED APOVE FOR THE DOLLGY BERIOD								

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 LTR	SR TR TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
								MED EXP (Any one person)	\$ 10,000
Α					EPP 0081059	04/20/2019	04/20/2020	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	×	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS			EPP 0081059	04/20/2019	04/20/2020	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α		EXCESS LIAB CLAIMS-MADE			EPP 0081059	04/20/2019	04/20/2020	AGGREGATE	\$ 5,000,000
		DED RETENTION \$ 0							\$
		KERS COMPENSATION						➤ PER OTH-ER	
В	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE			EWC 0371296	04/20/2019	04/20/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
А	Cri	me			EPP 0081059	04/20/2019	04/20/2020	\$250,000 limit	\$1,000 ded

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

CERTIFICATE HOLDER		CANCELLATION			
Lexington-Fayette Urban Coun 200 E. Main Street. Rm 338	ty Government Division of Central	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
200 E. Main Guest, Kin 500		AUTHORIZED REPRESENTATIVE			
Lexington	KY 40507	Kathy Vincent			