

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2019

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 The Insurance Store, LLC 326 St. Clair Street PO. Box 5210 Frankfort  KY 40602  INSURER A: Cincinnati Insurance Company INSURER B: The Ohio Casualty Insurance Company INSURER B: The Ohio Casualty Insurance Company INSURER C: INSURER C: INSURER C: INSURER C: INSURER B: INSURER C: INSURER	NAIC # 10677 24074
See St. Clair Street	NAIC # 10677 24074
See St. Clair Street	10677 24074
Frankfort KY 40602 INSURER A: Cincinnati Insurance Company  INSURER B: The Ohio Casualty Insurance Co  L & W Emergency Services Equipment INC  332 S Main St  INSURER C:  INSURER C:  INSURER C:  INSURER C:  INSURER B: The Ohio Casualty Insurance Co  INSURER C:  INSURER C:  INSURER C:  INSURER C:  INSURER C:  INSURER F:  COVERAGES  CERTIFICATE NUMBER: CL19121704817  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.  INST  TYPE OF INSURANCE  ADDISUBBR INSD WYD  POLICY EFF  OCOMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  COURT PROBLETS COMP/OP AGG \$ 2,000,000  PRODUCTS COMP/OP	10677 24074
INSURER B: The Ohio Casualty Insurance Co  L & W Emergency Services Equipment INC  332 S Main St  Lawrenceburg  KY 40342-1216  INSURER D: INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER: CL19121704817  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.  INSTR  TYPE OF INSURANCE  A  COMMERCIAL GENERAL LIABILITY  EACH OCCURRENCE  DAMAGE TO RENTED PROBLICY EFF POLICY EFF POLICY EFF POLICY EFF POLICY DAMAGE TO RENTED PRESONAL & ADV INJURY \$ 1,000,00 PERSONAL & ADV INJURY \$ 1,000,00 PRODUCTS - COMP/OP AGG \$ 2,000,00 PRODUCTS - COMP/OP AGG \$ 2,000,000 PRODUCTS - COMP/OP AGG \$	24074
L & W Emergency Services Equipment INC  332 S Main St  Lawrenceburg  KY 40342-1216  INSURER C:  INSURER E:  INSURER F:  COVERAGES  CERTIFICATE NUMBER:  CL19121704817  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.  INSURANCE  TYPE OF INSURANCE  ADDISUBR INSD WVD  POLICY EXP  (MM/DD/YYYY)  APPOLICY EXP  (MM/DD/YYYY)  POLICY EXP  (MM/DD/YYYY)  PROBUCTS - COMPIOP AGG  S 2,000,000  PROBUCTS - COMPIOP AGG  S 2,000,000  PRODUCTS - COMPIOP AGG  PROD	
332 S Main St  Lawrenceburg KY 40342-1216  Lawrenceburg KY 40342-1216  INSURER D: INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER: CL19121704817  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  ADD. ISUBR INSD WYD  POLICY NUMBER  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  OCCUR  A  EPP 0497131  O7/19/2019  O7/19/2019  O7/19/2020  PERSONAL & ADV INJURY \$ 1,000,000 OR PRODUCTS - COMP/OP AGG \$ 2,000,000 O	
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Lawrenceburg KY 40342-1216 NSURER F:  COVERAGES  CERTIFICATE NUMBER: CL19121704817  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  ADDLISUS WAYD  POLICY NUMBER  POLICY NUMBER  POLICY NUMBER  POLICY PROBLEMSES (Ea occurrence) \$ 500,000 PRESONAL & ADV INJURY \$ 1,000,000 PRESONAL & ADV INJURY \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PRODUCTS - C	0
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LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) EACH OCCURRENCE \$ 1,000,000    COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE COCUR    A	<u> </u>
COMMERCIAL GENERAL LIABILITY   EACH OCCURRENCE   \$ 1,000,000	<u> </u>
A CLAIMS-MADE CLAI	U
A DOT/19/2019 O7/19/2020 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 PERSONAL & ADV	
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GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000	0
POLICY PRO- LOC PRODUCTS - COMP/OP AGG \$ 2,000,000	0
LECDY 0.50,000	0
OTHER:   LEGRV   \$ 50,000	
AUTOMOBILE LIABILITY  COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	0
ANY AUTO \$ BODILY INJURY (Per person) \$	
A OWNED AUTOS ONLY SCHEDULED EPP 0497131 07/19/2019 07/19/2020 BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident)	
Garage Uninsd Single \$ 500,000	
UMBRELLA LIAB OCCUR \$	
EXCESS LIAB CLAIMS-MADE \$	
DED RETENTION \$	
WORKERS COMPENSATION CTH-	
AND EMPLOTER'S CIABILITY Y/N  ANY PROPRIETOR/PARTNER/EXECUTIVE 100,000 \$ 100,000	
B OFFICER/MEMBER EXCLUDED? Y N/A XWO55553250 07/25/2019 07/25/2020 E.L. DISEASE - EA EMPLOYEE \$ 100,000	
If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$ 500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

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.

DIVISION OF CENTRAL PURCHASING
200 EAST MAIN ST.
LEXINGTON

KY 40507