CSPURLOCK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/4/2020

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 DEPOLICIES AND THE CERTIFICATE HOLDER

| - | REPRESENTATIVE OR PRODUCER, A | | | | | | | | | | |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|---------------------------------|----------------------------------|---------------------|--------------|-----------------------------------------|
| 1 1 | IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, subjuithis certificate does not confer rights | ect t | o the | terms and conditions of | fthe nolicy c | artain | noliciae ma | ONAL INSURED y require an en | provisio dorseme | ns or b | e endorsed. |
| PR | ODUCER | CONTACT Cindy L Spurlock | | | | | | | | | |
| To | rian Insurance 00 E. Division St. | PHONE (A/C, No, Ext): EMAIL ADDRESS: cindy@torianinsurance.com | | | | | | | | | |
| Ev | ansville, IN 47711 | | | | | | | | | | |
| | | | | | | II. | SURER(S) AFFO | RDING COVERAGE | | | NAIC# |
| | | | | | INSURER A : T | | ers Insuran | | | | 484110 |
| INS | SURED | INSURER B: Charter Oak Fire Insurance Company (The) | | | | | | 25615 | | | |
| | Hydromax USA LLC | | | | | loyd's Of Lon | | | | | |
| | 2501 S Kentucky Ave Evansville, IN 47714 | | | | INSURER D: | | | | | | |
| Evalisville, IN 4//14 | | | | | INSURER E : | | | | | | |
| | | INSURER F: | | | | | | | | | |
| | | | | E NUMBER: | | | | REVISION NU | MBER: | | |
| E | THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PEF POL | RTAIN ICIES | ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE | DED BY THE BEEN REDUC | POLICED BY | ACT OR OTHE | R DOCUMENT W | THE DECK | こへて てへ | |
| LTR | | INSD | SUBR WVD | POLICY NUMBER | POLIC (MM/DD | POLICY EFF (MM/DD/YYYY) | | LIMITS | | | |
| Α | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X A/I per contract X WOS | | | | | 1/4/2020 | | EACH OCCURREN | 1CE | \$ | 1,000,000 |
| | | | | CO5G068086 | 1/4/2 | | 1/4/2021 | DAMAGE TO REN PREMISES (Ea oc | FED currence) | \$ | 300,000 |
| | | | | | | | | MED EXP (Any one | | \$ | 5,000 |
| | | | | | | | | PERSONAL & ADV | / INJURY | \$ | 1,000,0(|
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | - | | | | | GENERAL AGGRE | GATE | \$ | 2,000,000 |
| | POLICY X PRO- | | | | | | | PRODUCTS - COM | IP/OP AGG | \$ | 2,000,000 |
| A | AUTOMOBILE LIABILITY X ANY AUTO | | | | | | COMBINED SINGL (Ea accident) | E LIMIT | \$ | 1,000,000 | |
| | | | | 8103L169830 | 1/4/2 | 1/4/2020 | 1/4/2021 | BODILY INJURY (F | er person) | \$ | |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | BODILY INJURY (F | 'er accident) | \$ | |
| | X HIRED ONLY X NON-OWNED | | | | | | | PROPERTY DAMA (Per accident) | GE | \$ | |
| | UMBRELLA LIAB X OCCUR | | - | | | | | | \$ | | |
| | X EXCESS LIAB X OCCUR CLAIMS-MADE | x | | CUP9H555188 | 1/4/2020 | กวก | 1/4/2021 | EACH OCCURREN | CE | \$ | 10,000,000 |
| | DED X RETENTIONS 10,000 | | 001 011000100 | 1/4/2020 | 1/4/2021 | AGGREGATE FOLLOW FOR | M CI | \$ | 10,000,000 | | |
| В | WORKERS COMPENSATION | | | | | 1/4/2021 | | OTH- | \$ | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N | | | UB9J541419 | 1/4/2 | | 1/4/2020 | LISIAIUE | | | 1,000,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA | | | 1,000,000 |
| C | Prof/Pollution Liab | | | B0621PHYDR000419 | 1/10/2 | 2020 | 1/10/2021 | E.L. DISEASE - PO Amount | LICY LIMIT | \$ | 2,000,000 |
| | | | | | | | | | | | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| _, _ | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC CF, its employees, agents, servants, ow | niers | Drine | :iDais licensees, assigns o | r gubcontracto | ne an | a ta ha lietad | ac additional in | sured on | the ger | neral liability |
| non. | -contributory also per the contract. | tne II | nsure | d and per the contract agn | eement. 30 da | / noti | ce of cancella | ation to be given | . Coveraç | jes are | primary and |
| JME | BRELLA PRÓVIDES COVERAGE OVER | ALL (| OF AL | L POLICIES EXCEPT PRO | FESSIONAL. | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | CANCELLATION | | | | | | | | | |
| | | | | | | | | | | | |
| | Lexington Fayette Urban Co 125 Lisle Industrial Ave Lexington, KY 40511 | ernment ((LFUCF) | THE EXPIR | 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 | | | | 81 | A | Ain | | | | |
| ۸ | ORD 25 (2016/03) | | | | | | | | | | |

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