

CERTIFICATE OF LIABILITY INSURANCE

OP ID: DH

DATE (MM/DD/YYYY) 04/12/12

THIS CERTIFICATE IS ISSUED AS A MALTER OF INFORMATION UNLY 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).

CI	ertifi	cate holder in lieu of such endors	seme	nt(s)					ma con inicate does not c			
	DUCE		859-734-4358			CONTACT NAME:						
Whitenack & Souder Ins., Inc. 204 S. Main St P.O. Box 38 Harrodsburg, KY 40330					859-734-4350							
						E-MAIL ADDRES	I E-MAIL					
Joy	S. S	tocker				PRODUC	ER ID #: HOR	NJ-1				
						COSTON						
INSU	RED	J. R. Horn Company LLC)			INSURER(S) AFFORDING COVERAGE INSURER A : CSU Producer Resources, Inc.				13037		
		P. O. Box 346				INSURER B : Ky AGC/SIF				19097		
		Harrodsburg, KY 40330										
		<u> </u>				INSURER C:						
			-			INSURER D:						
						INSURER E :						
						INSURER F:						
					NUMBER:	VE DEEL	((00) IFB TO		REVISION NUMBER:			
CI E:	DICA ERTI KCLL	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY ED BY T	CONTRACT HE POLICIE	OR OTHER I S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	· T	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	,	VERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
Α	X	COMMERCIAL GENERAL LIABILITY	Х		CSU0025517	THE PARTY AND TH	02/14/12	02/14/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000	
	<u> </u>	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	s	Excluded	
	<u> </u>					Ì			PERSONAL & ADVINJURY	\$	1,000,000	
	<u> </u>					}				\$	1,000,000	
	CEN	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<u> </u>	1,000,000	
	13121	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	ΑUΊ	CMOBILE LIABILITY						4	COMBINED SINGLE LIMIT	\$	·	
		ANY AUTO							(Ea accident)			
		ALL OWNED AUTOS							BODILY INJURY (Per person)	\$	***************************************	
		SCHEDULED AUTOS			1				BODILY INJURY (Per accident)	\$		
	-	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
		NON-OWNED AUTOS							(i di doordan)	ŝ		
		NON-OWNED ACTOO								\$		
		UMBRELLA LIAB X OCCUR									4 000 000	
	Х	W						EACH OCCURRENCE	\$	4,000,000		
A	^	GEAIWO-WADE	CSU0025531 02		02/14/12	02/14/13	AGGREGATE	\$				
	Х	DEDUCTIBLE								\$		
***************************************		RETENTION \$ RKERS COMPENSATION			<u> </u>				WCSTATIL TO THE	\$		
ь	AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER (EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)				40050.0		OH/D4/40	40/04/40	X WCSTATU- TORY LIMITS X OTH- ER		4 6 6 6 6 6 6 6	
В				/ _A 19250-0		01/01/12	013011712	12/31/12	E.L. EACH ACCIDENT	\$	4,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	4,000,000		
	DÉS	s, describe under SCRIPTION OF OPERATIONS below			·				E.L. DISEASE - POLICY LIMIT	\$	4,000,000	
				}								
	<u></u>			<u> </u>		L						
DES!		ON OF OPERATIONS / LOCATIONS / VEHICL *** This certificate is e the holder is named as Additional	ffect	ive 4	1/12/12. ***	ichedule, if	more space is i	required)				
CFI	27 IE	CATE HOLDER				CANCE	ELLATION					
w Im I		IN THE REAL PROPERTY CANADAS C			LEXFAYE	- ONINGE		me u ·				
					LLAFAIL	SHOU	LD ANY OF T	HE ABOVE DE	ESCRIBED POLICIES BE CA	NCELL	.ED BEFORE	

Lexington-Fayette Urban County Government 200 East Main Street Lexington, KY 40507 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

Joy S. Stocker

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8597340645

<i>ACORD</i>	
<u> </u>	

DATE (MANODVYYYY)

VEHICLE OR EQUIPMENT CERTIFICATE OF April 13, 2012 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. This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report itability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose. PRODUCER Allison Carey NAME: PHONE (A/C, No. Em): E-MAIL David Hopewell Insurance Agency Inc Not: 859-734-0645 859-734-5338 STATE PARE 559 S. College St. allison carey.iftt@statefarm.com ADDRESS Harrodsburg, KY 40330 INTURAKE CUSTOMER ID #: State Farm Insurance Companies MBURER(\$) AFFORDING COVERAGE MSURED INSURER A : State Farm Fire and Casualty Company 25143 Justin Hom INSURER B: 1056 Riverside Dr INSURER C Harrodsburg, KY 40330 INSURER D INSURER E DESCRIPTION OF VEHICLE OR EQUIPMENT MAKE / MANUFACTURER MODEL BODY TYPE VEHICLE IDERTIFICATION SHIMRES 2001 Chevrolet C1500 Pickup 2GCEC19T211330325 DESCRIPTION SERIAL NUMBER COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES). MER ADD'L POLICY EFFECTIVE POLICY EXPIRATION DATE (MINIDAYYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS X VEHICLE LIABILITY COMBINED SINGLE LIMIT \$ 1,000,000 BODH Y INJURY (Per person) 5 057-5413-C17-17F-001 03/17/2012 09/17/2012 SODILY INJURY (Per accident) PROPERTY DAMAGE GENERAL LIABILITY FACH OCCURENCE OCCURRENCE GENERAL AGGREGATE CLAIMS MADE MSR LOSS POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS / DEDUCTIBLE VEH COLUSION LOSS ACV MACHED AMT & LIMIT STATED AMT \Box DED VEH COMP VEH OTO LIACV MAGREED AMI LIMIT STATED AMT DED PROPERTY ACV. C AGREED AMI DASIC CAORB LIMIT []] RC STATED AMT SPECIAL. DED REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Altach ACORD 101, Additional Remarks Schedule, If more space is required) **ADDITIONAL INTEREST** CANCELLATION Select one of the following: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED The additional interest described below has been added to the policy lest listed beroin by policy number(x). BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE A request has been submitted to lighted herein by policy number(s), ist has been submitted to add the additional anarest described below to the policy(ies) DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED DESCRIPTION OF THE ADDITIONAL INTEREST NAME AND ADDRESS OF ADDITIONAL INTEREST ADDITIONAL INSURED Lexington Fayette Urban County Gov. LENDER'S LOSS PAYEE 200 E Main St LOAN / LEASE HUMBER Lexingion, KY 40507

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AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/12

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PRODUCER 859-236-5922 Johnson Pohlmann Insurance 129 S. Fourth Street Danville, KY 40422 Scott A. Burks						CONTACT NAME:						
INSURED JR Horn Company						INSURER A: NAESIP						
		Justin Horn				INSURER B :						
720 Cornishville Rd							INSURER C:					
		Harrodsburg, KY 40330				INSURER D :						
						INSURER E :						
						INSURER F:						
СО	COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
. C E	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		TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	Сом	LIABILITY MERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$		
	GEN'L AG	GREGATE LIMIT APPLIES PER: CY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
		BILE LIABILITY			-		•		COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY	AUTO							BODILY INJURY (Per person)	\$		
	ALL	OWNED AUTOS	Ì			ĺ			BODILY INJURY (Per accident)	\$		
		EDULED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
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	- NON	-OWNED AUTOS						}		\$		
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		TOO ! IAM							EACH OCCURRENCE	\$		
		CCARGOVICE						V	AGGREGATE	····		
		UCTIBLE								\$		
—		ENTION \$ S COMPENSATION						[WCSTATU- OTH-	\$		
	AND EMP	LOYERS' LIABILITY Y / N							TORYLIMITS! ER			
	ANY PROF	PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?	N/A	ĺ					E.L. EACH ACCIDENT	\$		
ŀ	(Mandato	ry in NH) cribe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIP	TION OF OPERATIONS below	ļ	ļ					E.L. DISEASE - POLICY LIMIT	\$		
Α	Pollution	n Policy			EGL0001857		04/30/12	04/30/13	occ/agg ded		1,000,000 2,500	
job:	sandbla	of operations / Locations / Vehiclesting & painting of final cla	LES (A I rifie r	ttach] ACORD 101, Additional Remarks :	%₽ ,		; required)	J			
CERTIFICATE HOLDER CANCELLATION												
LEXI4-H Lexington Fayette Urban County Government 200 East Main Street						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 July Luke						
Lexington, KY 40507												