

HERBSEI

HERBGED-01 CROGERS

DATE (MM/DDYYYY) 4/9/2015

CERTIFICATE OF LIABILITY INSURANCE

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 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	CONTACT NAME:		
Van Meter Insurance Group 181 Prosperous Place	PHONE (A/C, No, Ext): (859) 263-2771 FAX (A/C, No): (859) 263-1999	(859) 263-1999	
Lexington, KY 40509	E-MAIL ADDRESS:		
	INSURER(5) AFFORDING COVERAGE NAIC #		
	INSURER A : Amerisure Mutual Insurance Company 23396		
INSURED	INSURER B : Amerisure Insurance Company 19488		
Herb Geddes Fence Co 232 Industry Parkway Nicholasville, KY 40356	INSURER C : Bridgefield Casualty Insurance Company 10335		
	INSURER D :		
	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	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	5	1,000,000
	CLAIMS-MADE X OCCUR			CPP 20907410101	12/31/2014	12/31/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
							MED EXP (Any one person)	\$	5,000
						ľ	PERSONAL & ADV INJURY	2	1,000,000
	GENL AGGREGATE LIMIT APPLIES PER.						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER							\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
В	X ANY AUTO			CA 20907420101	12/31/2014	12/31/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000	
В	EXCESS LIAB CLAIMS-MADE		C	CU 20909440102	12/31/2014	12/31/2015	AGGREGATE	5	2,000,000
	DED RETENTION\$							5	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			019622556		09/01/2015	X PER OTH-		
С	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?				09/01/2014		E.L. EACH ACCIDENT	5	1,000,000
	(Mandatory in NH)				-		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
В	Inland Marine			IM 20907430102	12/31/2014	12/31/2015			

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

CERTIFICATE HOLDER	CANCELLATION			
LFUCG ATTN: KRISTI THOMAS 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 From Conduction			

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