



CERTIFICATE OF LIABILITY INSURANCE

NUGEN-1 OP ID: RM

DATE (MM/DD/YYYY)
10/05/2015

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 Ash Group, LLC P.O. Box 706 Prospect, KY 40059 Michael Ash	CONTACT NAME: Michael Ash	PHONE (A/C, No, Ext): 502-228-8831	FAX (A/C, No): 502-228-9994
	E-MAIL ADDRESS: Michael@ashgroup.us.com		
INSURED Nugent Sand Company & Affiliated Companies Mr. Steve Schoening P.O. Box 6072 Louisville, KY 40206	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Everest National Insurance Co.		10120
	INSURER B: Travelers Indemnity Co.		25666
	INSURER C: Atlantic Specialty Insurance		27154
	INSURER D: Great American		16691
	INSURER E: Travelers Property Casualty of		25674
INSURER F: Starr Indemnity & Liability Co			

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CF4GL00601151	09/30/2015	09/30/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 OTHER \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		753023267	09/30/2015	09/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
E	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000		BUMBERSHOOT -SEE NOTE	09/30/2015	09/30/2016	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 Travelers \$ 50%
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC400134301	09/30/2015	09/30/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Equipment Floater		QT6605634B117TIA15	09/30/2015	09/30/2016	Scheduled

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

Evidence of Coverage

CERTIFICATE HOLDER

CANCELLATION

<p>LFUCKY1</p> <p>LFUCG Risk Mgmt WL Wilson 4th Floor 200 E. Main St. Lexington, KY 40507-1310</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <i>Michael Ash</i></p>
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NOTEPADINSURED'S NAME **Nugent Sand Company****NUGEN-1
OP ID: RM**PAGE 2
Date **10/05/2015****COVERAGES: Bumbershoot****Insurer : Travelers Property Casualty Company 50% LEAD
& Starr Indemnity & Liability 50%****Policy #: 14S96630 & MASIL00016415****Policy Term: September 30, 2015 - 2016****Limit: \$25,000,000 excess \$1,000,000 Primary Liability Limits &
\$25,000,000 excess Vessel Pollution Coverage****Detail: All Coverage's subject to policy terms & conditions**