

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/8/2014

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 floider in fied	or such e	ndorsement(s).					
PRODUCER			CONTACT Danielle Settlemoir				
TIS Insurance Se	rvices	, Inc.	PHONE (A/C, No, Ext): (865) 691-4847 FAX (A/C, No): (865) 694-4847				
1900 Winston Road	d, Suit	te 100	E-MAIL ADDRESS:				
P.O. Box 10328			INSURER(S) AFFORDING COVERAGE	NAIC#			
Knoxville	TN	37939-0328	INSURER A : National Trust Ins/FCCI				
INSURED			INSURER B :KESA				
BCD, Inc. 1200 Atkinson Hill Avenue			INSURER C:				
			INSURER D :				
			INSURER E :				
Bardstown	KY	40004	INSURER F:				
COVERACES		CERTIFICATE NUMBER.	DELMOION AN IMPER				

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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
A	CLAIMS-MADE X OCCUR			CPP 0016556	5/1/2014	5/1/2015	MED EXP (Any one person)	\$	10,000
	X \$1,000 PD Deduct Per Occ						PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- JECT LOC							\$	
⊢	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			CA 0024072	5/1/2014	5/1/2015	BODILY INJURY (Per person)	\$	
A	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							Uninsured motorist combined	\$	1,000,000
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED X RETENTION\$ 10,000			UMB 0016606	5/1/2014	5/1/2015		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		wc100-0003779-2012A	5/1/2014	5/1/2015	E.L. EACH ACCIDENT	\$	2,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1117	<u> </u>				E.L. DISEASE - EA EMPLOYEE	\$	2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	2,000,000
Α	A Leased/Hired/Rented			CPP 0016556	5/1/2014	5/1/2015	Limit:		200,000
	Equipment						Deductible:		1,000

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

CERTIFICATE HOLDER	CANCELLATION				
Insurance Verification Only	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				
	John Fritts/DANSET				

ACORD 25 (2010/05)

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