



BLUEELS-01

ALOGSDON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/23/2017

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 have ADDITIONAL INSURED provisions or 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).

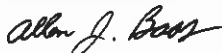
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| PRODUCER Van Meter Insurance Group 505 Wellington Way Lexington, KY 40503 | CONTACT NAME: PHONE (A/C, No., Ext): (859) 263-2771 FAX (A/C, No.): (859) 263-1999 E-MAIL ADDRESS: | INSURER(S) AFFORDING COVERAGE INSURER A : Ohio Security Insurance Company NAIC # 24082 INSURER B : Kentucky Employers' Mutual Insurance 10320 INSURER C : INSURER D : INSURER E : INSURER F : |
| INSURED Bluegrass Electronics and Installation LLC 30 Garner Street Winchester, KY 40391 | | |

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| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: |
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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 | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | BLS57881250 | 03/07/2017 | 03/07/2018 | EACH OCCURRENCE \$ 1,000,000 | |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 | |
| | | | | | | MED EXP (Any one person) \$ 15,000 | |
| | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 | |
| | | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER X POLICY PRO-JECT LOC OTHER \$ | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | |
| | | | | | | BODILY INJURY (Per person) \$ | |
| | | | | | | BODILY INJURY (Per accident) \$ | |
| | | | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE \$ | |
| | | | | | | EXCESS LIAB CLAIMS-MADE | AGGREGATE \$ |
| | | | | | | DED RETENTION \$ | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | 415822 | 05/16/2017 | 05/16/2018 | X PER STATUTE OTH-ER | |
| | | | | | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A |
| | | | | | | E L EACH ACCIDENT \$ 500,000 | |
| | | | | | | E L DISEASE - EA EMPLOYEE \$ 500,000 | |
| | | | | | | E L DISEASE - POLICY LIMIT \$ 500,000 | |

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

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| CERTIFICATE HOLDER LUF CG 200 East Main St Lexington, KY 40507 | CANCELLATION 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  |
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