

										FUELBAR	1-01	CWELCH
Ą	C	ORD [®]	CI	ERTIFICATE OF LIABILITY INSURANCE						F		E (MM/DD/YYYY)
	-		ISSUED AS A	MA	TTE	R OF INFORMATION ON R NEGATIVELY AMEND,	ILY AN	D CONFERS	NO RIGHTS	UPON THE CERTIF		
В	ELC	W. THIS CERTI	FICATE OF IN	SURA	NCE	E DOES NOT CONSTITU ERTIFICATE HOLDER.						
th	ne te		ons of the policy	/, cer	tain	DDITIONAL INSURED, the policies may require an e						
-	DUCE					,-	CONTACT					
Carroll & Stone Insurance 4384 Clearwater Way, Ste. 200 Lexington, KY 40515								NAME: FAX PHONE FAX (A/C, No, Ext): (859) E-MAIL ADDRESS:				
								INS	URER(S) AFFOR	NDING COVERAGE		NAIC #
							INSURER A : EMC Insurance Companies					21415
INSL	IRED											10320
								INSURER C :				
Fuel Band LLC 2000 Hartford Court												
Lexington, KY							INSURER D :					
								INSURER E :				
COVERAGES CERTIFICATE NUMBER:								INSURER F :				
			-		-					REVISION NUMBER		
IN C	IDIC ERT	ATED. NOTWITHS	TANDING ANY R SSUED OR MAY	PER	REM TAIN	ENT, TERM OR CONDITION, THE INSURANCE AFFOR	W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS IRDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, /E BEEN REDUCED BY PAID CLAIMS.					
INSR	TYPE OF INSURANCE			ADDL	ADDL SUBR INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY)						LIMITS	
	X COMMERCIAL GENERAL LIABILITY			INSD	WVD	FOLICT NUMBER				EACH OCCURRENCE \$		1,000,000
		CLAIMS-MADE X OCCUR				5D16889	07/31/2014	DAMAGE TO RENTED			100,000	
			OCCOR			0010000		01/01/2014	01/01/2010	PREMISES (Ea occurrence		5,000
										MED EXP (Any one persor		
										PERSONAL & ADV INJUR		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP A		2,000,000
	OTHER:									COMBINED SINGLE LIMI	\$	
	AUTOMOBILE LIABILITY ANY AUTO ALLOWNED AUTOS NON-OWNED								07/04/0045	(Ea accident)	ψ	1,000,000
A						5E16889	12/01/2014	07/31/2015	BODILY INJURY (Per pers			
								BODILY INJURY (Per acci PROPERTY DAMAGE	,			
		HIRED AUTOS	AUTOS							(Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE	_						AGGREGATE	\$	
	DED RETENTION \$										\$	
в	(Mandatory in NH)			N/A					X PER OT STATUTE EF	[H- }		
						400854		10/20/2014	10/20/2015	E.L. EACH ACCIDENT	\$	1,000,000
										E.L. DISEASE - EA EMPLO	DYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY L	MIT \$	1,000,000
L												
			LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	lle, may b	e attached if mor	re space is requi	red)		
for a	ull w	ork performed										

CERTIFICATE HOLDER

CANCELLATION

LFUCG Contractor Registration 200 E 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

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