



CERTIFICATE OF LIABILITY INSURANCE

ALLEBRO-03 WMARSHALL

DATE (MM/DD/YYYY)

8/5/2013

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 Van Meter Insurance Group PO Box 1779 Bowling Green, KY 42102-1779	CONTACT NAME: PHONE (A/C, Ho., Ext.): 1 (270) 781-2020 4236 FAX (A/C, No.): 1 (270) 843-8808	
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Grange Mutual Casualty Company		14060
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		


INSURED
 Allen Brothers Construction
 146 N Wallace Wilkinson Blvd
 Liberty, KY 45239

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	ADCL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-SUBJECT <input type="checkbox"/> LOC			CPP222858110	8/11/2013	8/11/2014	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 - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (PER ACCIDENT)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER LFUGG 200 E. 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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COPY

COPY



KENTUCKY ASSOCIATED GENERAL CONTRACTORS SELF INSURERS' FUND

Mail to Kentucky AGC/SIF, P.O. Box 436949, Louisville, KY 40253-6949
Phone (502) 245-2007 • Fax (502) 245-8082 • www.kyagcsif.com

OUR A.M. BEST RATING IS A-, "EXCELLENT"

CERTIFICATE OF INSURANCE

ISSUED TO: **LFUCG**
200 E Main St
Lexington, KY 40507

This is to certify that Allen Brothers Construction Inc, being subject to the provisions of the Kentucky Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the Kentucky Associated General Contractors Self Insurers' Fund.

Policy Number: 6749-0

Agent: Energy Insurance Agency (100017)

Policy Period: 01/01/2013 thru 12/31/2013

Limits:
Workers' Compensation – Statutory, State of Kentucky
Employers Liability – \$4,000,000 (per occurrence)

This Certificate is evidence of coverage in effect at the time of issuance but is subject to all terms and conditions of cancellation and/or termination by law. This certificate shall NOT extend coverage to any insured NOT named above by the Kentucky Associated General Contractors Self Insurers' Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS' COMPENSATION SELF-INSURED GROUP WHICH IS REGULATED BY THE KENTUCKY OFFICE OF INSURANCE AND HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE COVERED BY THE SELF-INSURED GROUP INSURANCE GUARANTY ASSOCIATION, BUT ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION. GROUP MEMBERS SHALL BE ASSESSED IN THE EVENT OF INSOLVENCY OF THE WORKERS' COMPENSATION SELF-INSURED GROUP.

CANCELLATION

Should the above policy be cancelled before the expiration date, the insured will be issued a thirty (30) day cancellation notice. This in effect allows the insured thirty (30) days from the date of cancellation to secure coverage elsewhere.

SHOULD YOU WISH TO VERIFY THIS CERTIFICATE, PLEASE CALL THE KENTUCKY AGC/SIF AT (502) 245-2007.

Karl T. Ladegast
Administrator

Date: 08/05/2013
Form #: UW-10 (REV. 11/05)





Kentucky Farm Bureau Mutual
Insurance Company

Automobile Insurance



POLICY NUMBER 4652674

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Certificate of Liability

This certificate is effective 08/12/2013 and cancels and replaces any certificate bearing the same policy number and name of insured previously issued to you.

INSURED:

LEXINGTON FAYETTE CO GOVERNMENT
200 E MAIN ST ROOM 338
LEXINGTON KY 40507

ALLEN BROTHERS INC
556 BRUSH CREEK RD
LIBERTY KY 42539-7030

COVERAGE	COVERAGE LIMIT
BODILY INJURY & PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMITS

Vehicle

1994 FORD 1FDYR82E0RVA09406

In the event of any change in, or cancellation of said policy, the undersigned Company will endeavor to give 15 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the Company.

VICE PRESIDENT, PRODUCT AND RISK MANAGEMENT



Kentucky Farm Bureau Mutual
Insurance Company

Automobile Insurance



POLICY NUMBER 8577857

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ertificate of Liability

This certificate is effective 08/12/2013 and cancels and replaces any certificate bearing the same policy number and name of insured previously issued to you.

INSURED:

LEXINGTON FAYETTE CO GOVERNMENT
200 E MAIN ST ROOM 338
LEXINGTON KY 40507

ALLEN BROTHERS INC
556 BRUSH CREEK RD
LIBERTY KY 42539-7030

COVERAGE

COVERAGE LIMIT

Bodily Injury Liability	\$300,000each person/\$500,000 each accident
Property Damage Liability	\$100,000each accident

Vehicle

2000 FORD 1FTWW32F6YEB82085

In the event of any change in, or cancellation of said policy, the undersigned Company will endeavor to give 15 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the Company.

Jeffrey L. Koch

VICE PRESIDENT, PRODUCT AND RISK MANAGEMENT



Kentucky Farm Bureau Mutual
Insurance Company

Automobile Insurance



POLICY NUMBER 8025665

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ertificate of Liability

This certificate is effective 08/12/2013 and cancels and replaces any certificate bearing the same policy number and name of insured previously issued to you.

INSURED:

LEXINGTON FAYETTE CO GOVERNMENT
200 E MAIN ST ROOM 338
LEXINGTON KY 40507

ALLEN BROTHERS INC
556 BRUSH CREEK RD
LIBERTY KY 42539-7030

COVERAGE

COVERAGE LIMIT

BODILY INJURY & PROPERTY DAMAGE \$1,000,000 COMBINED SINGLE LIMITS

Vehicle

2000 GMC 1GTFG25M6Y1902767

In the event of any change in, or cancellation of said policy, the undersigned Company will endeavor to give 15 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the Company.

VICE PRESIDENT, PRODUCT AND RISK MANAGEMENT