

CERTIFICATE OF LIABILITY INSURANCE

J&VCO-1

OP ID: FC

12/13/2016

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(les) 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).

Contribute finder in fied of Such endorsement(a).					
PRODUCER Lexington Insurance Agency Inc P.O. Box 320 Lexington, KY 40588-0320 Andrew C Strickland III		CONTACT Frieda Cyrus	NAME: Prieda Cyrus		
			859-253-6577		
		E-MAIL ADDRESS: frieda@lexingtoninsuranceagency.com			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: Ohio Security Ins Co	240 82		
INSURED	J & V Contracting Inc. James & Vandi Hall 415 Verna Drive Winchester, KY 40391	INSURER B : Kentucky Employers Mutual Ins.			
		INSURER C :			
		INSURER D :			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE 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.

A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR BKS57476212 BKS57476212 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY ADDLISUBR POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/D/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/D/	
CLAIMS-MADE A OCCUR BRS5/4/6212 T1/26/2016 T1/26/2016 MED EXP (Any one person) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY SREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT \$	1,000,000
MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY \$ COMBINED SINGLE LIMIT \$	1,000,000
GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY GOMBINED SINGLE LIMIT \$	15,000
POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT \$	1,000,000
OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) S	2,000,000
AUTOMOBILE LIABILITY CÖMBINED SINGLE LIMIT \$ (Ea accident)	2,00 0,000
AUTOMOBILE LIABILITY (Ea accident)	
	1,000,000
A ANY AUTO BAS 57476212 11/18/2016 11/18/2017 BODILY INJURY (Per person) \$	
ALLOWNED X SCHEDULED AUTOS BODILY INJURY (Per accident) \$	
X HIRED AUTOS X NON-OWNED (Per accident) \$	
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE S	
DED RETENTIONS S	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY	
B ANY PROPRIETOR/PARTNER/EXECUTIVE 403832 04/02/2016 04/02/2017 EL EACH ACCIDENT \$	500,000
(Mandatory In NH) EL DISEASE - EA EMPLOYEE \$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below ELL DISEASE - POLICY LIMIT \$	500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

CERTIFICATE HOLDER	CANCELLATION	
Lexington-Fayette Urban Co Gov	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	
200 E. Main Street Lexington, KY 40507	AUTHORIZED REPRESENTATIVE Andrew C Strickland III	