

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2012

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).

CE	ertifica	te holder in lieu of such endorse	men	t(s).								
Reynolds Insurance Agency, Inc. PO Box 505					CONTACT Carolyn Reynolds							
						PHONE (A'C, No, Ext): 859-623-8485 FAX (A'C, No): 859-623-8423						
631 Chestnut St							E-MAIL ADDRESS: ReynoldsIns@ReynoldsInsuranceAgency.com					
Berea, KY 40403						INSURER(S) AFFORDING COVERAGE NAIC					NAIC #	
							INSURER A: STATE AUTO PROPERTY & CAS INS CO				25127	
INSURED Boyd J. Gambrel, Jr. DBA: Boyd J. Gambrel, Jr.						INSURER B: KEMI					10320	
		1045 Trevor Drive					INSURER C:					
		Berea, KY 40403										
							INSURER D:					
COVERAGES CERTIFICATE NUMBER:						INSURER F : REVISION NUMBER:						
CO	VERA					BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN C	DICATE	ED. NOTWITHSTANDING ANY REC CATE MAY BE ISSUED OR MAY PE ONS AND CONDITIONS OF SUCH P	UIRE	MENT, T IN. THE	ERM OR CONDITION OF INSURANCE AFFORDED	BY TH	ONTRACT OR E POLICIES D DUCED BY PAI	OTHER DOC DESCRIBED HI D CLAIMS.	UMENT WITH RESPECT T	O WHI	CH THIS	
INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
		ERAL LIABILITY		HYD	BOP2690531		07/01/2012		EACH OCCURRENCE	s	1,000,000	
	-	OMMERCIAL GENERAL LIABILITY	Υ						DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000	
	V	CLAIMS-MADE OCCUR							MED EXP (Any one person)	s	5,000	
		CLAIMS-MADE V OCCOR							PERSONAL & ADV INJURY	s	1,000,000	
	-								GENERAL AGGREGATE	s	2,000,000	
	Н-								PRODUCTS - COMP/OP AGG	s	2,000,000	
		AGGREGATE LIMIT APPLIES PER: OLICY PRO-							PHODOCIS - COMPJOP ACC	s		
	POLICY JECT LOC					-			COMBINED SINGLE LIMIT			
									(Ea accident) BODILY INJURY (Per person)	\$ S		
	ANY AUTO ALL OWNED SCHEDULED								BODILY INJURY (Per accident)	s		
		UTOS AUTOS NON-OWNED						-	PROPERTY DAMAGE	S		
	Н	HIRED AUTOS AUTOS							(Per accident)	-		
										S		
	U	MBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
1	E	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION S							A WOOTATH OTH	\$		
В		ERS COMPENSATION MPLOYERS' LIABILITY		1213577			07/16/2012	07/16/2013	WC STATU- TORY LIMITS OTH ER			
ANY P OFFIC		PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	S	500,000	
		ER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	s	500,000	
1		describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
	DECO	THE POST OF SECULOR SE										
DES	CRIPTIO	N OF OPERATIONS / LOCATIONS / VEHICLE	S (At	tach ACOR	D 101, Additional Remarks Sch	nedule, if r	nore space is req	uired)				
		iability endorsement included-Pol										
Cer	tificate	holder is hereby added as addition	nal i	nsured p	per the attached CG201	0 (07/0	4)					
30 [Day Ca	incellation per the attached form		155								
XCI	J cove	rage is not excluded										
							CANCELLATION					
CERTIFICATE HOLDER							CANCELLATION					
Fax: 859-258-3458						SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE	
LFUCG						THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL B	E DEL	IVERED IN	
200 E. Main Street						ACC	ACCORDANCE WITH THE POLICY PROVISIONS.					
Lexington, KY 40507												
69 68							AUTHORIZED REPRESENTATIVE					

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