

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/30/2015

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).

С	ertificate holder in lieu of such endor	seme	ent(s)).							
PRODUCER The Period & Murfin Inc. Agency						CONTACT NAME:					
The Berndt & Murfin Ins Agency P.O. BOX 1407						PHONE (A/C, No, Ext): 740-353-3121 FAX (A/C, No): 740-353-8890					
1031 GALLIA STREET						E-MAIL ADDRESS:					
	PORTSMOUTH, OH 45662				ADDITE		SURFR(S) AFFOR	DING COVERAGE		NAIC#	
	1 311131133111, 311 13332				INSURE	Ctoto Aur		DING COVERAGE		25135	
INSURED Solid Rock Construction Services LLC						MOUNTER A.					
Allison and Bill Whitaker				INSURER B:							
	1350 Galena Pike						INSURER C:				
	West Portsmouth, OH 45663				INSURER D :						
						INSURER E :					
					INSURER F:						
				E NUMBER:			REVISION NUMBER:				
I C E	HIS IS TO CERTIFY THAT THE POLICIES O IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH PO	JIREM RTAII DLICIE	ient, n, the s. lim	TERM OR CONDITION OF AN IE INSURANCE AFFORDED B WITS SHOWN MAY HAVE BEEI	IY CON Y THE I	TRACT OR OTH POLICIES DES CED BY PAID (HER DOCUMEN SCRIBED HERI CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY					,	,	EACH OCCURRENCE DAMAGE TO RENTED	\$		
	COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
								GENERAL AGGREGATE	\$		
	GENL AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC								\$		
Α	AUTOMOBILE LIABILITY			BAP2230736		08/08/2014	08/08/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	V IMAZZ / GT G G							(i ci doddont)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		-						AGGINEGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR (PART) ERVEY CHERVE										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
CERTIFICATE HOLDER						CANCELLATION					
LFUCG Division of Purchasing 200 East 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.					
Lowington, IXI 10007						AUTHORIZED REPRESENTATIVE					
						Dawn R. Voland, Agent					