Client#: 35371 BULKPLA

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/26/2021

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Debbie Chastain, CISR, AAI					
ONI Risk Partners	PHONE (A/C, No, Ext): 812-421-2561 FAX (A/C, No):					
1 Riverfront Place	E-MAIL ADDRESS: Debbie.Chastain@onirisk.com					
20 Northwest First St, Ste 800	INSURER(S) AFFORDING COVERAGE	NAIC #				
Evansville, IN 47708	INSURER A: Nationwide Agribusiness Insurance Co	28223				
Bulk Plants Inc. Clark's Pump-N-Shop, Inc.	INSURER B : BrickStreet Mutual Insurance Company	12372				
	INSURER C: Argonaut Insurance Company	19801				
	INSURER D:					
P.O. Box 2009	INSURER E:					
Ashland, KY 41105	INSURER F:					

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	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY	X	CPP121610A	1	06/29/2021		\$1,000,000
	CLAIMS-MADE X OCCUR	X				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	X BI/PD Ded:2,500					MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY	X X	CPP121610A	06/29/2020	06/29/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X MCS90 X CA9948						\$
Α	X UMBRELLA LIAB X OCCUR	XX	CU121610A	06/29/2020	06/29/2021	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB CLAIMS-MADE		Follow form			AGGREGATE	\$3,000,000
	DED X RETENTION \$0						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCB1026702	06/29/2020	06/29/2021	X PER OTH- STATUTE ER	
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	KY & WV			E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	FL-Workers Comp		WC928638664904	06/29/2020	06/29/2021	1 Mil Each Accident	
						1 Mil Each employee	9
						1 Mill Policy Limit	

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

Blanket Additional Insured when required by Contract on the General Liability Policy with Blanket Waiver of Subrogation to Any person or organization with whom you have agreed to such waiver, in a valid written contract or written agreement that has executed prior to loss.

Auto-Blanket Additional Insured is included when required by contract when Bulk Plants, Inc. is required by specific written contractual agreement to include such entity as an additional insured. Coverage provided (See Attached Descriptions)

<u> </u>	0/11/02227/11/01/
Lexington-Fayette Urban County Government Div of Risk Mgmt 200 East Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507-0000	AUTHORIZED REPRESENTATIVE

CANCELL ATION

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CERTIFICATE HOLDER

DE	ESCRIPTIONS (Continued from Page 1)
to the additional entity is limited to liab Waiver of Subrogation on Workers Con	oility arising out of the named insured's operation. The state of the named insured's operation. The state of the named insured's operation.