



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
04/18/2015

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

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| PRODUCER State Farm MICHAEL GAYSE, AGENT 103 E BRANNON ROAD NICHOLASVILLE, KENTUCKY 40360 | | CONTACT NAME: BROOKE WHALEN (AG) No. 859-272-0264 FAX (AG) No. 859-272-0282 E-MAIL: brooke.whalen.u7de@statefarm.com PHONE: (AG) No. | |
| INSURED MYERS FENCING, LLC 5001 PARK CENTRAL NICHOLASVILLE, KENTUCKY 40360 | | INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company NAIC # 25149 INSURER B: INSURER C: INSURER D: INSURER E: | |

| DESCRIPTION OF VEHICLE OR EQUIPMENT | | | | | |
|-------------------------------------|---------------------|-----------|-----------|-------------------------------|--|
| YEAR | MAKE / MANUFACTURER | MODEL | BODY TYPE | VEHICLE IDENTIFICATION NUMBER | |
| 2009 | CHEVROLET | SILVERADO | FLATBED | 1GBJC74606F150906 | |
| DESCRIPTION | | | | SERIAL NUMBER | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

| INSR LTR | ADJY (BIRD) | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------------------------------|---|------------------|------------------------------------|-------------------------------------|--|----------|
| | <input checked="" type="checkbox"/> | VEHICLE LIABILITY | 187 1412 A02 17C | 01/02/2015 | 07/02/2015 | COMBINED SINGLE LIMIT | \$ 2MM |
| | | GENERAL LIABILITY | | | | BODILY INJURY (Per person) | \$ |
| | | OCCURRENCE CLAIMS MADE | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE | \$ |
| | | | | | | EACH OCCURENCE | \$ |
| | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | \$ |
| INSR LTR | LOSS PAYEE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / PRODUCTS | |
| | | VEH COLLISION LOSS | | | | <input type="checkbox"/> ADV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | VEH COMP <input type="checkbox"/> VEH CTC | | | | <input type="checkbox"/> <input type="checkbox"/> STATED AMT | \$ DED |
| | | PROPERTY | | | | <input type="checkbox"/> ADV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | BASIC <input type="checkbox"/> BROAD | | | | <input type="checkbox"/> <input type="checkbox"/> STATED AMT | \$ DED |
| | | SPECIAL <input type="checkbox"/> | | | | <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT | \$ LIMIT |
| | | | | | | <input type="checkbox"/> | \$ DED |

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | | | |
|--|--|---|--|
| ADDITIONAL INTEREST Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) (State policy by issuing number(s)). | | 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. | |
| VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED | | DESCRIPTION OF THE ADDITIONAL INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE | |
| NAME AND ADDRESS OF ADDITIONAL INTEREST LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT DIVISION OF RISK MANAGEMENT 200 EAST MAIN STREET LEXINGTON, KY 40507 | | LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE Brooke Whalen | |