C&RASPH-03

CROGERS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/6/2015

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(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).										
PRODUCER		1.4			CONTACT NAME:					
Van Meter Insur 181 Prosperous				(A/C, I	PHONE (A/C, No. Ext): (859) 263-2771 FAX (A/C, No): (859)					
Lexington, KY				E-MAI	E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					
				INSUR	INSURER A : Amerisure Insurance Company					
INSURED					INSURER B : Amerisure Mutual Insurance Company					
c.	R Asphalt LLC			INSUR	INSURER C: Kentucky Employers' Mutual Insurance					
P	D Box 8201			INSUF	INSURER D:					
Le	xington, KY 40533			INSUR	INSURER E:					
					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 T	YPE OF INSURANCE	INSD V		JCY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A X COMME	CIAL GENERAL LIABILITY						EACH OCCURRENCE	s 1,000,000		

INSR	TYPE OF INSURANCE			WVD		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPP209633600	03/20/2015	03/20/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
	X Limited Liability PO							MED EXP (Any one person)	s	5,000
				}				PERSONAL & ADV INJURY	\$	1,0 00,000
	GE	N'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$	2,0 00,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER						EBL AGGREGATE	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CA209633500	03/20/2015	03/20/2016	BODILY INJURY (Per person)	\$	
ALL OWNE		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per acadeni)	5	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									S	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s	5,000,000
В		EXCESS LIAB CLAIMS-MADE			CU209633900	03/20/2015	03/20/2016	AGGREGATE	s	5,0 00,000
		DED RETENTION \$			l				\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
C	C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	385849	03/20/2015	03/20/2016	E L EACH ACCIDENT	s	1,0 00,000	
								E L DISEASE - EA EMPLOYEE	S	1,0 00,000
	If yes	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	S	1,000,000
Α	Leased/Rented/Equip				IM209633800	03/20/2015	03/20/2016	Deductible \$1,000		250,000
A	A Scheduled Equipment				IM209633800	03/20/2015	03/20/2016	Deductible \$1,000		
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CERTIFICATE HOLDER	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.
	AUTHORIZED REPRESENTATIVE
PROOF OF INSURANCE	Wen Poto