

## CERTIFICATE OF LIABILITY INSURANCE

CHURC-2

OP ID: LA

DATE (MM/DD/YYYY) 10/27/2015

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).

PRODUCER		CONTACT Johnny R Hurley			
Mann Sutton and McGee, Ltd. 1353 Leestown Road Lexington, KY 40508 James J. McGee		PHONE (A/C, No, Ext): 859-225-3661	FAX (A/C, No): 859-225-8351		
		E-MAIL ADDRESS: johnny@msmltdins.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Motorists Mutual Insurance		14621	
INSURED	Churchill McGee LLC	INSURER B: KY. Employers Mutual Insurance	е	10320	
	1315 C W Main St Lexington, KY 40508	INSURER C:			
	Eckington, ICT 40000	INSURER D :			
		INSURER E :			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLIC ES 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)	LIM	TS	
A	X COMMERCIAL GENERAL LIABILITY		33294677-51		01/01/2016	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
	AUTOMOBILE LIABILITY		33294677-51		01/01/2016	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
Α	X ANY AUTO			01/01/2015		BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident	) \$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	X UMBRELLA LIAB X OCCUR	UMBRELLA LIAB X OCCUR	33294677-51	- 1	01/01/2016	EACH OCCURRENCE	s	5,000,000
	EXCESS LIAB CLAIMS-MADE			01/01/2015		AGGREGATE	\$	5,000,000
	DED X RETENTIONS 0	0					\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		384273	01/01/2015	01/01/2016	X PER OTH- STATUTE ER		
		N/A				E.L. EACH ACCIDENT	\$	1,000,000
		N/A				E.L. DISEASE - EA EMPLOYE	\$	1,000,000
						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD	101, Additional Remarks Schedule, t	may be attached if mor	e space is require	ed)		

CERTIFICATE HOLDER			
LFUCG 200 E. Main St.	LFUCGOV	SHOULD ANY OF THE ABOVE DESCRIBED POLICE THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS.	
Lexington, KY 40507		James J. McGee	

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