CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/24/2015

THIS CALLEY E IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE 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).

CONTACT Ray D. Himes Kentucky Farm Bureau Mutual Insurance Company NAME: PHONE FAX David Mayo, Agency Manager (A/C, No): 859-986-2319 (A/C. No. Ext): 859-986-2318 PO Box 836 E-Mail **Berea KY 40403** ray.himes@kyfb.com Address: **INSURER(S) AFFORDING COVERAGE** NAIC# INSURED INSURER A: Kentucky Farm Bureau Mutual Insurance Scott & Tina McIntosh INSURER B: 111 Pennington St INSURER C: Berea Ky 40403 INSURER D 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. POLICY EFF (MM/DD/YYYY) ADDL SUBR POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS EACH OCCURRENCE GENERAL LIABILITY \$1,000,000 DAMAGE TO RENTED £ COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE __ OCCUR MED EXP (Any one person) Automobile Liability 0020290083 02/03/2015 08/03/2015 PERSONAL & ADV INJURY GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG PRO-POLICY COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED SCHEDULED AUTOS AUTOS BODILY INJURY (Per accident) NON-OWNED PROPERTY DAMAGE s HIRED AUTOS AUTOS (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WC STATU-OTHER TORY LIMITS WORKERS COMPENSATION AND **EMPLOYERS' LIABILITY** N/A \$ E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below .L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 2011 FORD F-150 VIN#1FTFW1EF8BFA77999 1996 FORD F-350 VIN#1FTJW35F3TEA95209 1997 FORD F-250 VIN#1FTHX26F4VEA38590 2000 FORD F-250 VIN#1FTNX20F1YEB49422 2000 FORD MUSTANG VIN#1FAFP4046YF226641 2014 FORD MUSTANG VIN#1ZVBP8FF4E5246927 1994 CHEV 2500 VIN#1GCGK24K7RE128591 2004 FORD F-350 VIN#1FTSF31P04EB26923 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE LFUCG THEROF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 200 EAST MAIN ST AUTHORIZED REPRESENTATIVE **LEXINGTON KY 40507**