Client#: 118155 41LAURELMANA

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/27/2015

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).

C	ertificate holder in lieu of such endors	seme	nt(s)	-					
PRODUCER					CONTACT Roxanne Cameron				
J Smith Lanier & Co-Lexington					PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No): 859-254-8020				
	vell-Walton-Milward				E-MAIL ADDRESS: rcamero	on@pwm-js	l.com		
P O Box 2030								NAIC#	
Lexington, KY 40588					INSUNER A				24112
INSURED Tri-State Roofing & Sheet Metal					INSURER B : KY Assoc. General Contractors				
Company of Kentucky					INSURER C:				
P.O. Box 56					INSURER D:				
Lexington, KY 40588					INSURER E:				
COVERAGES CERTIFICATE NUMBER:					INSURER F: REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEEN ISSUED TO			POLIC	Y PERIOD
IN CI	DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY P CCLUSIONS AND CONDITIONS OF SUCH	QUIRE	EMEN NN, 7	T, TERM OR CONDITION OF THE INSURANCE AFFORDER	F ANY CONTRACT OF D BY THE POLICIES	R OTHER DO DESCRIBED I	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WH	ICH THIS
NSR TR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY			CMM5942244			EACH OCCURRENCE	s1,00	0,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000
							MED EXP (Any one person)	40.000	
							PERSONAL & ADV INJURY	INJURY \$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY LOC						GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG		
	OTHER:						COMPINED SINGLE LIMIT	\$	
A	AUTOMOBILE LIABILITY			CMM5942244	04/30/2015	04/30/2016		\$1,00	0,000
-	X ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)		
	AUTOS AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X HIRED AUTOS X AUTOS						(Per accident)	S	
_		ļ		011115040044	0.4/0.0/0045	04/00/0040		ľ	2 000
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAUS.MADE			CMM5942244	04/30/2015	04/30/2010	EACH OCCURRENCE	\$5,000 \$5.000	
	OLAMO-MADE						AGGREGATE	\$3,00	J ₁ 000
В	DED X RETENTION \$0 WORKERS COMPENSATION			7347	01/01/2015	12/31/2015	X PER OTH-		
D	AND EMPLOYERS' LIABILITY VIN			7341	01/01/2013	12/01/2010	E.L. EACH ACCIDENT	\$4,000	0.000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s4,00	
	DESCRIPTION OF GPERATIONS SHOW							<u> </u>	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	CORE	101, Additional Remarks Schedu	ile, may be attached if mo	re space is requi	ired)		
Re:	All Projects								
CERTIFICATE HOLDER					CANCELLATION				
					SHOULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELLE	D BEFORE
Lexington Fayette Urban County					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
Government					ACCORDANCE WITH THE POLICY PROVISIONS.				
· · · · · · · · · · · · · · · · · · ·					AUTHORIZED REPRESE	NTATIVE			
200 East Main Street					MOTHORIDA IN INDUITION				
Lexington, KY 40507					A Magney of				
					AL / FATTER	988-2014 00	ORD CORPORATION.	All right	s reserved