

CERTIFICATE OF LIABILITY INSURANCE

HILLE-2 OP ID: MC

DATE (MM/DD/YYYY) 04/09/2014

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)

	ne terms and conditions of the policy, ertificate holder in lieu of such endor:				ndorsement. A s	tatement on tr	nis certificate does not cont	er rights to the									
	DUCER		,,,,,		CONTACT NAME:												
GCH Insurance Group 2250 Thunderstick Dr Ste. 1104 Lexington, KY 40505 Bryan Wehrman					PHONE FAX (A/C, No, Ext): (A/C, No):												
					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:												
					INSURER A : KY A	. , ,	RDING COVERAGE	NAIC #									
INSURED Hillenmeyer Nurseries, Inc.					INSURER B:												
Hillenmeyer Landscape S			ices														
	Weedman Lawn Service				INSURER C :												
	2339 Sandersville Road				INSURER D : INSURER E :												
	Lexington, KY 40511																
~~	VERACES CER	TIFI	ICATE NUMBER:		INSURER F: REVISION NUMBER:												
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES				/F REEN ISSUED	TO THE INSUR		POLICY PERIOD									
IN	IDICATED. NOTWITHSTANDING ANY RE	EQUII	REME	NT. TERM OR CONDITION	OF ANY CONTRA	CT OR OTHER	DOCUMENT WITH RESPECT	TO WHICH THIS									
	ERTIFICATE MAY BE ISSUED OR MAY							LL THE TERMS,									
	XCLUSIONS AND CONDITIONS OF SUCH		CIES. ISUBR														
INSR LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	POLICY EF (MM/DD/YYY	POLICY EXP Y) (MM/DD/YYYY)											
							EACH OCCURRENCE \$ DAMAGE TO RENTED .										
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$										
	CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$										
							PERSONAL & ADV INJURY \$										
							GENERAL AGGREGATE \$										
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$										
	POLICY PRO- JECT LOC						\$ COMBINED SINGLE LIMIT										
	AUTOMOBILE LIABILITY						(Ea accident) \$										
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) \$										
	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) \$										
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$										
							\$										
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$										
	EXCESS LIAB CLAIMS-MADE	-					AGGREGATE \$										
	DED RETENTION \$						\$										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				01/01/2014		X WCSTATU- TORY LIMITS X OTH- ER										
Α				19957		4 12/31/2014	E.L. EACH ACCIDENT \$	4,000,000									
	(Mandatory in NH) If ves, describe under						E.L. DISEASE - EA EMPLOYEE \$	4,000,000									
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	4,000,000									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach .	ACORD 101, Additional Remarks 8	Schedule, if more space	e is required)											
CE	RTIFICATE HOLDER				CANCELLATIO	N											
FORINFO FOR INFORMATIONAL PURPOSES ONLY					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			
									,					X AC			

D. Duyan Wishman