

CERTIFICATE OF LIABILITY INSURANCE

OPID FC

07/31/13

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 NAME:				
Creech & Stafford Ins Agcy Inc 210 Malabu Drive, Suite 200 Lexington KY 40502-3252	PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: ZKBCO-1				
Phone:859-253-1371 Fax:859-233-9831	INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED	INSURER A: Auto-Owners Insurance Co	18988			
ZKB Service LLC. 115 MacArthur Ct	INSURER B: Ohio Casualty	24074			
Nicholasville KY 40356	INSURER C:				
	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 PERI	OD			

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.

ISR .TR	TYPE OF INSURANCE			TYPE OF INSURANCE ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS	LIMITS				
В	GENERAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000000	
	X	X COMMERCIAL GENERAL LIABILITY					CBP7043273	07/13/13	07/13/14	PREMISES (Ea occurrence)	\$ 100000
	CLAIMS-MADE X OCCUR								MED EXP (Any one person)	\$ 5000	
										PERSONAL & ADV INJURY	\$ 1000000
										GENERAL AGGREGATE	\$ 2000000
	GEN	I'L AGGREGATE LIMIT A	PPLIE	S PER:						PRODUCTS - COMP/OP AGG	\$ 2000000
		POLICY PRO- JECT		LOC							\$
_		AUTOMOBILE LIABILITY X ANY AUTO								COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
3	х						BA1003482	10/16/12	10/16/13	BODILY INJURY (Per person)	\$
	_	ALL OWNED AUTOS								BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS HIRED AUTOS								PROPERTY DAMAGE (Per accident)	\$
		NON-OWNED AUTOS									\$
											\$
		UMBRELLA LIAB		OCCUR		\top				EACH OCCURRENCE	\$
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$
		DEDUCTIBLE									\$
		RETENTION \$									\$
		RKERS COMPENSATIO EMPLOYERS' LIABILIT					52004334	10/30/12	10/30/13	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$ 100000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N'A					E.L. DISEASE - EA EMPLOYEE	\$ 100000	
									E.L. DISEASE - POLICY LIMIT	\$ 500000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION

LFUCG Division of Purchasing 200 East Main Street Lexington KY 40507 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

Joseph L. Stafford

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