

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/5/2014

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).

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PRODUCER	CONTACT NAME: Robert Blain	
Al Torstrick Insurance Agency Inc	PHONE (A/C, No, Ext): (859)233-1461 FAX (A/C, No): (859)28	31-9450
343 Waller Avenue	E-MAIL ADDRESS: rblain@altorstrick.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
Lexington KY 40504	INSURER A: Admiral Insurance Company	
INSURED	INSURER B :Ohio Security	24082
Advanced Mulching Techologies, DBA: Ecogro	INSURER C:KY AGC Self Insurer's Fund	
P.O. Box 22273	INSURER D:	
	INSURER E :	
Lexington KY 40522	INSURER F:	

COVERAGES CERTIFICATE NUMBER:2014-2015

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.

INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	CLAIMS-MADE X OCCUR	х	FEI-ECC-18954-00	3/1/2014	3/1/2015	MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	X ANY AUTO					BODILY INJURY (Per person)	\$
-	ALL OWNED SCHEDULED AUTOS AUTOS		BAS55894370	3/1/2014	3/1/2015	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
						Uninsured motorist combined	\$ 1,000,000
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N (Mandatory in NH)			3/1/2014	12/31/2014	E.L. EACH ACCIDENT	\$ 4,000,000
			16876-0			E.L. DISEASE - EA EMPLOYEE	\$ 4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 4,000,000
A	Professional Liability	x	FEI-ECC-18954-00	3/1/2014	3/1/2015	\$1,000,000 each occurence	2,000,000 agg
	Pollution Liability		FEI-ECC-18954-00	3/1/2014	3/1/2015	\$1,000,000 each occurence	2,000,000 agg

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
LFUCG is considered an additional insured in respect to the general/professional/ and pollutuion
liability if required by written contract. Coverage is primary and non-contributory

CERTIFICATE HOLDER	CANCELLATION
LFUCG 200 E Main St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE
	Robert Blain/RHB

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