

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/11/2016

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.

t	MPORTANT: If the certificate hole terms and conditions of the pole tertificate holder in lieu of such ende	der i	s an A	ADDITIONAL INSURED, to	ne policendors	cy(ies) must ement. A st	be endorsed	d. If SUBROGATI	ION IS W	VAIVED), subject to rights to the
	DDUCER	orsen	ient(s).	CONT	ACT OL .	o =:				-11
	ffman-Robertson	CONTACT Cheryl S. Thornsburg									
	Broadway). Box 347				(A/C, No, Ext): 1 (859) 498-3410 (A/C, No): 1 (859) 498-34					9) 498-3418	
Mount Sterling, KY 40353-0347						ADDRESS: Cheryl. I nornsburg@LimestoneAgency.com					
								RDING COVERAGE			NAIC#
INSI	URED				INSURER A : Kentucky AGC/SIF					005	
					INSUR						
	Rock Trucking, LLC PO Box 506	INSUR									
	Clay City, KY 40312	INSURER D:									
		INSURER E :									
CO	VERAGES CF	RTIF	CAT	E NUMBER:	INSUR	ERF:		DE1/10/01/11/11			
Т	HIS IS TO CERTIFY THAT THE POLICE	IFS (OF INS	SURANCE LISTED BELOW	HAVE	EEN ISSUED	TO THE INC.	REVISION NUM			
C	ERTIFICATE MAY BE ISSUED OR MA XCLUSIONS AND CONDITIONS OF SUC	Y PEI H POL	TAIN	THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED D	Y THE POLICED BY	CIES DESCRI PAID CLAIMS	BED HEREIN IS SU 3.	TH RESPE JBJECT T	CT TO	WHICH THIS THE TERMS,
LTR	TYPE OF INSURANCE	INSI	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	Whater the second secon
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occu	ED irrence)	\$	
		-						MED EXP (Any one p		\$	
		-						PERSONAL & ADV II	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	
	POLICY JECT LOC							PRODUCTS - COMP	OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY	-	-							\$	
	and the second s							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per	r person)	\$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per	- 1	\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	E	\$	
	UMBRELLA LIAB OCCUP	+-	-							\$	
	EVCESSIAR	_						EACH OCCURRENCE	E	\$	
	DED RETENTION \$	1						AGGREGATE		\$	A
	WORKERS COMPENSATION	-						I DED		\$	
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			022440		24/24/22	01/01/2017	X PER STATUTE	OTH- ER		
2000	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		022440		01/01/2016		E.L. EACH ACCIDEN	т	\$	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EI	MPLOYEE	\$	4,000,000
	SESSIMI FIGURE OF EIGHTONS BEIOW							E.L. DISEASE - POLIC	CY LIMIT	\$	4,000,000
DESC	THOUSAN OF CORE ATTACAN										
	RIPTION OF OPERATIONS / LOCATIONS / VEHICE	CLES (A	ACORD	101, Additional Remarks Schedu		e attached if mor	e space is requir	ed)			
					A Waxaan	14					
Lexington Fayette Urban County Government Contractor Registration 200 E. Main St. 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					
	50000000000000000000000000000000000000				Charal	Thornsbury					
						\sim					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2016

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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).

	hts to the certificate holder in lieu	of su	ich e	ndorsement(s).			ent on this certifi	iouto uot	3 not come			
PRODUCER					WANT.	NAME: TIFFANY WILSON CORNETT						
KENTUCKY FARM BUREAU MUTUAL INSURANCE COMPANY 1096 DUVAL STREET # 150					PHONE (A/C, No, Ext):	+1 (859)	273-1825	FAX (A/C, No):	+1 (859) 273-1823			
LEX	(INGTON, KY 40515				E-Mail Address:							
INSL	RED			INS	NAIC #							
							REAU MUTUAL INSUI		22993			
ROCK TRUCKING LLC						INSURER B: KENTUCKY FARM BUREAU MUTUAL INSURANCE CO						
PO BOX 506					INSURER C:							
CLAY CITY, KY 40380					INSURER D:							
					INSURER E:							
CO	VERAGES CE	RTIF	ICAT	TE NUMBER:	INSURER F:		REVISION	N NIIMRI				
	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	PERT CH PO	AIN, T	THE INCLIDANCE AS	EODDED BY THE BOLL	CACT OR OTHER DO	DOUMENT WITH RE	OR THE PO SPECT TO TO ALL T	DLICY PERIOD WHICH THIS HE TERMS,			
INSR		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	T	LIMITS				
	GENERAL LIABILITY					(1111)	EACH OCCUPPENCE		2,000,000			
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)					
Α	CLAIMS-MADE LOCCUR			S0184443	10/01/2015	10/01/2016	MED EXP (Any one per	rson) \$	5,000			
	П	1	30101113		10/01/2015	10/01/2016	PERSONAL & ADV INJ					
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGAT		4,000,000			
	POLICY PRO- JECT LOC	1					PRODUCTS - COMP/O					
	AUTOMOBILE LIABILITY						COMBINED SINGLE LI	IMIT \$	4 000 000			
В	ANY AUTO					10/01/2016	(Ea accident)		1,000,000			
	ALL OWNED SCHEDULED AUTOS X AUTOS			0008605837	10/01/2015		BODILY INJURY (Per p	person) \$				
	HIRED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per a PROPERTY DAMAGE (Per accident)		1,000,000			
								\$				
	UMBRELLA LIAB OCCUR EXCESS LIAB						EACH OCCURRENCE					
	CLAIMS-MADE						AGGREGATE	\$				
	LIDED RETENTION \$							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					WC STATU- TORY LIMITS	OTHER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N						E.L. EACH ACCIDENT	\$	· · · · · · · · · · · · · · · · · · ·			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMF	PLOYEE \$	****			
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY	LIMIT S				
nsur	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES & all work performed during the policy peri ed shall be primary & con-contributory. A v les be cancelled before the expiration date	od, Ir vaive	ne Fish r of su	nel Company is nam	ed as additional insured	l including complete	ed operations. Cove & employees. Shou	rage afforculd any of t	ded the additional he above described			
	TIFICATE HOLDER			*	CANCELLATIO							
EXIN	IGTON FAYETTE URBAN COUNTY GOVERNA	MENT		S	SHOULD ANY OF THE ABOY	/E DESCRIBED POLICE	ES BE CANCELLED BE	FORE THE E	EXPIRATION DATE			
					THEROF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Tiffany Cornett							