	D CERTIFICATE OF L	.IABILII I II		6-22-1			
MARKET FINDERS INSURANCE CORPORATION 9117 LEESGATE ROAD LOUISVILLE, KY 40222 INSURED SOLID ROCK CONSTRUCTION SERVICES,LLC C/O ALLISON AND BILL WHITAKER 1350 GALENA PIKE WEST PORTSMOUTH, OH 45663			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGEAFFORDED BY THE POLICIES BELOW.				
				INSURERS AFFORDING COVERAGE			
				INSURER A: UNITED SPECIALTY INSURANCE COMPANY			
			INSURER B: WESTCHESTER SURPLUS LINES INSURANCE INSURER C:				
							INSURER D:
			INSURER E:				
			E POLIC QUIREM URANCI	ES OF INSURANCE LISTED BELOW HAVE BE ENT, TERM, OR CONDITION OF ANY CONTRAC E AFFORDED BY THE POLICIES DESCRIBED HI Y HAVE BEEN REDUCED BY PAID CLAIMS.	CT OR OTHER DO	CUMENT WITH RESPECT TO	WHICH THIS CER
: ADD'I		POLICY NUM	/BER		LIMITS		
	GENERAL LIABILITY	USA4065579	11/ 23/ 14	11/ 23/ 15	EACH OCCURRENCE	\$5,000,000	
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurance)	\$100,000	
	CLAIMSMADE X OCCUR			1	MED EXP (ANY ONE PERSON)	\$5,000	
1	X STOP GAP-INCLUDED			1	PERSONAL & ADV INJURY	\$5,000,000	
	310F GAF-INCLODED				GENERAL AGGREGATE	\$ 5,000,000	
	CENTIL ACCRECATE LIMIT APPLIES DED.				PRODUCTS-COMP/ OPO AGG	\$ 5,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					\$ 5,000,000	
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED AUTOS				BODILY INJURY		
	SCHEDULED AUTOS				(PER PERSON)	\$	
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (PER ACCIDENT	\$	
					PROPERTY DAMAGE (PER ACCIDENT)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN <u>EA ACC</u> AUTO ONLY: AGG	\$ \$	
	EXCESS/ UMBRELLA LIABLITY				EACH OCCURANCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
	DEDUCTIBLE					\$	
	RETENTION					\$	
WO E	KERS COMPENSATION AND			+	WC STATU- OTH:	\$ = \$	
	LOYERS' LIABILITY				IORYIMIISI IFR	<u> </u>	
ANY PROPRIETOR/ PARTNER/ EXECUTIVE OFFICER/ MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, SPE0	describe under IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
G27149571		G27149571 00	2 02/ 26/ 15	02/ 26/ 16	EACH POLLUTION CONDITION \$1,000,000 GENERAL AGGREGATE \$1,000,000 DEDUCTIBLE: \$5,000		
					STOP GAP EMPLOYERS LIABILITY EACH / AGGREGATE \$500,000		
	NOF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSION ITION CONTRACTOR	NS ADDED BY ENDOI	L RSEMENT/ SPECIAL PROVISIONS	;	1		
	ATE HOLDER	CANCELLATION	ANCELLATION				
RTIFIC.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUINGINSURER WILL ENDEAVOR TO MAIL _30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO S SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS REPRESENTATIVES					
UCG DEAS	DIVISION OF PURCHASING ST MAIN STREET TON KY 40507		EXPIRATION DATE THEREO WRITTEN NOTICE TO THE C SHALL IMPOSE NO OBLIGA	F, THE ISSUINGINS CERTIFICATE HOLD	ER NAMED TO THE LEFT, BUT FA	30 DAYS AILURE TO DO	
UCG DEAS	ST MAIN STREET		EXPIRATION DATE THEREO WRITTEN NOTICE TO THE C	F, THE ISSUINGINS CERTIFICATE HOLD TION OR LIABILITY	ER NAMED TO THE LEFT, BUT FA	30 DAYS AILURE TO DO	

ACORD 25 (2001/08)

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed hereon.