WPCCOMP-01

LAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/24/2021

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 have ADDITIONAL INSURED provisions or 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).

th	nis certificate does not confer rights to	the t	certi	ificate holder in lieu of su	ich end	lorsement(s)	•				
PRO	DUCER				CONTA NAME:	ст Lisa Ali,	CISR, CRIS	3			
Foundation Risk Partners - Louisville PO Box 221649						PHONE (A/C, No, Ext): (502) 882-6386 10179 FAX (A/C, No): (502) 882-6387					
	isville, KY 40252				E-MAIL ADDRE	ss: LAli@fo	undationrp	.com			
	·							RDING COVERAGE		NAIC #	
					INSURE			nsurance Compai	าง	14621	
INSURED						RB:EMC In			-,	21415	
WPC Company Inc.					INSURER C:						
	4307 Progress Blvd				INSURE						
	Buechel, KY 40218										
					INSURE						
	VERAGES CER	TIEI	`	NUMBER:	INSURE	KF.		DEVISION NUMBE	р.		
	HIS IS TO CERTIFY THAT THE POLICIE					EEN ISSUED :		REVISION NUMBE		DOLICY DEDICE	
	IDICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY								CT TO A	LL THE TERMS,	
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN F	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY					3/17/2021	3/17/2022	DAMAGE TO RENTED	\$	500,000	
	CLAIMS-MADE X OCCUR	X		5000204212				PREMISES (Ea occurrenc	e) \$	10,000	
								MED EXP (Any one person	n) \$	<u> </u>	
								PERSONAL & ADV INJUR	RY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000	
	OTHER:							COMBINED SINGLE LIMI	\$	4 000 000	
A	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000	
	X ANY AUTO			5000204212		3/17/2021	3/17/2022	BODILY INJURY (Per pers	son) \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per acci	ident) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED 0	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		WCN6001787		9/4/2020	9/4/2021	X PER STATUTE OF	TH- R		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPL	OYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT \$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
	021 Water Fountain Installation - LFUCO lity when required by written contract.	ا خ	additi	ional insured (including Co	ompiete	ed Operations	s), on a prima	iry noncontributory b	asis, as	respects general	
LFU	CG is additional insured while operatin				ed Insur	eds policy" v	vhen required	d by written contract.			
30 D	ay Notice of Cancellation applies for th	e ben	efit c	of the additional insured.							
CERTIFICATE HOLDER						CANCELLATION					
OFICH TOWNE HOLDER					2	V					
					1			ESCRIBED POLICIES I			
LFUCG						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	200 East Main Street				100	5.15/110E W	0210				
	Lexington, KY 40507				—						

ACORD 25 (2016/03)

Vanny Hertige

AUTHORIZED REPRESENTATIVE