



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)
02-25-2016

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.

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 KY FARM BUREAU INSURANCE COMPANY 423 LEXINGTON RD VERSAILLES, KY 40383 | CONTACT NAME: COURTNEY ROBERTS | | |
| | PHONE (A/C, No, Ext): +1 (859) 873-4491 | FAX (A/C, No): +1 (859) 879-0621 | |
| E-Mail Address: | | | |
| INSURED DIAMOND POND PRODUCTS, INC 4400 ATHENS BOONESBORO RD LEXINGTON, KY 40509 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A KY FARM BUREAU | | 22993 |
| | INSURER B | | |
| | INSURER C | | |
| | INSURER D | | |
| | INSURER E | | |

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 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

| INER LTR | TYPE OF INSURANCE | ADOL (INSRD) | SUBR (WVD) | POLICY NUMBER | POLICY EFF (MMDDYYYY) | POLICY EXP (MMDDYYYY) | LIMITS | |
|----------|---|--------------|------------|---------------|-----------------------|-----------------------|---|--------------|
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | 50291982 | 01-02-2016 | 01-02-2017 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMPIOP AGG | \$ 2,000,000 |
| | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | WC STATUTORY LIMITS | OTHER |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

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

| | |
|---|--|
| CERTIFICATE HOLDER LFJCG PURCHASING DEPT 200 E MAIN LEXINGTON, KY 40507 ATTN: KRISTIE THOMAS | CANCELLATION 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 COURTNEY ROBERTS DC |
|---|--|



Kentucky Farm Bureau Mutual
Insurance Company

Automobile Insurance



POLICY NUMBER 20585736

Page 1 of 1

Certificate of Liability

This certificate is effective 03/16/2016 and cancels and replaces any certificate bearing the same policy number and name of insured previously issued to you.

INSURED:

LEXINGTON FAYETTE COUNTY URBAN
GOVERNMENT
200 EAST MAIN STREET STE 925
LEXINGTON KY 40507
REF: BID #22-2016

JOHN HADLOCK
KATHY HADLOCK
4400 ATHENS BOONESBORO RD
LEXINGTON KY 40509-9488

COVERAGE

COVERAGE LIMIT

| | |
|---------------------------|---|
| Bodily Injury Liability | \$1,000,000 each person/\$1,000,000 each accident |
| Property Damage Liability | \$100,000 each accident |

Vehicle

2004 FORD 1FTNX21P44EB09255 2001 DODGE RAM 3B7HF13Y51M578249
2014 RAM PICKUP 3C6UR5HJXEG113692

In the event of any change in, or cancellation of said policy, the undersigned Company will endeavor to give 15 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the Company.

VICE PRESIDENT PRODUCT AND RISK MANAGEMENT



CERTIFICATE OF LIABILITY INSURANCE

TREEP-1 OP ID: RK

DATE (MM/DD/YYYY)
03/15/2016

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| | | |
|---|---|------------------------------------|
| PRODUCER Etler Kettenacker Agency 10945 Reed Hartman Hwy Ste 220 Cincinnati, OH 45242 Herb Kettenacker | CONTACT NAME: Nancy Pratt | |
| | PHONE (A/C, No, Ext): 513-984-0404 | FAX (A/C, No): 513-984-4347 |
| E-MAIL ADDRESS: nancy@ekagency.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Motorists Mutual Insurance Co | | 14621 |
| INSURED Treepoint, Inc. & Landscaper's Paradise LLC PO Box 94 Paris, KY 40361 | INSURER B : Kentucky AGC/SIF | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | 3325477820 | 11/28/2015 | 11/28/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | X | | 3325477820 | 11/28/2015 | 11/28/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | 3325477820 | 11/28/2015 | 11/28/2016 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N/A | 3441-0 | 01/01/2016 | 01/01/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 4,000,000 E.L. DISEASE - EA EMPLOYEE \$ 4,000,000 E.L. DISEASE - POLICY LIMIT \$ 4,000,000 |
| A | Rented/Leased Eq't | | | 3325477820 | 11/28/2015 | 11/28/2016 | Limit 210,000 |

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

Certificate holder listed as additional insured.**CERTIFICATE HOLDER****CANCELLATION**

| | |
|--|--|
| LFUCG-- LFUCG 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 Herb Kettenacker |
|--|--|

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**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
03/18/2016

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| | | | |
|---|--|---|------------------------|
| PRODUCER Johnson Pohlmann Insurance 129 S. Fourth Street Danville, KY 40422 John A. Funkhouser | | CONTACT NAME: John A. Funkhouser PHONE (A/C, No, Ext): 859-236-5922 E-MAIL ADDRESS: jfunkhouser@johnsonpohlmann.com FAX (A/C, No): | |
| | | INSURER(S) AFFORDING COVERAGE INSURER A : Cincinnati Insurance Company INSURER B : KY AGC/SIF INSURER C : INSURER D : INSURER E : INSURER F : | NAIC # 10677 |
| INSURED Pack's Nursery, LLC P O Box 840 Junction City, KY 40440 | | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

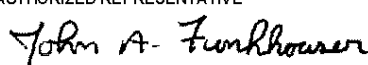
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | EPP0135193 | 04/10/2015 | 04/10/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AG-G \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | EBA0135193 | 04/10/2015 | 04/10/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | EPP0135193 | 04/10/2015 | 04/10/2016 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 18823 | 01/01/2016 | 12/31/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 4,000,000 E.L. DISEASE - EA EMPLOYEE \$ 4,000,000 E.L. DISEASE - POLICY LIMIT \$ 4,000,000 |

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

LFUCG is named as additional insured as respects to
Project: 22-2016 Tree Installation

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| LFUCG-H Lexington Fayette Urban County Government Projects 200 E. 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  |
|--|---|



SHELTER INSURANCE COMPANIES

AUTOMOBILE
EVIDENCE OF INSURANCE
AS OF 03/11/2016

NAME AND ADDRESS OF NAMED INSURED:
SOMETHIN BLOOMIN, INC
1855 NORFOLK DR
LEXINGTON, KY 40503-1922

AGENT:
GENE YOUNG INSURANCE AGCY INC
101 MALABU DR #9
LEXINGTON, KY 40503
(859) 277-4225
AGENT NUMBER 16-B615-55

Policy Number: 16-1-5662312-3

Effective Date: 11/06/2015, 12:01 AM Central Time
Expiration Date: 05/06/2016, 12:01 AM Central Time

This policy will continue to renew as long as we offer to renew it and you pay the required premium by the due date.

THE DESCRIBED AUTOMOBILE IS A 2000 GMC SIER 1500 2W SL EXT
VEHICLE IDENTIFICATION # 2GTEC19V3Y1380713

The limit of the company's liability is stated in the policy and applies as follows:

| COVERAGE | A BODILY INJURY | | B PROPERTY DAMAGE | C MEDICAL PAYMENTS | D ACCIDENTAL DEATH | E UNINSURED MOTORISTS | | F COLLISION | G COMPREHENSIVE | J REIMBURSEMENT FOR EMERGENCY ROAD SERVICE |
|----------|--------------------|------------------|-------------------------|--------------------------|--------------------------|-----------------------------|------------------|----------------|---------------------|---|
| | EACH PERSON | EACH ACCIDENT | EACH ACCIDENT | EACH PERSON | EACH PERSON | EACH PERSON | EACH ACCIDENT | DEDUCTIBLE | \$500 DEDUCTIBLE | EACH DISABLEMENT |
| LIMIT | SLL: \$1000000 | SLL: \$1000000 | SLL: \$1000000 | | | | | | | |
| PREMIUM | X | | | | | | | | X | |

DISCOUNTS REFLECTED IN THE PREMIUM: Multi-Car Discount, Safe Driver - 6 Year, Pay in Full Discount

PREMIUM \$375.96

ADDITIONAL LISTED INSUREDS:

THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

- A-112-A Coverage P - No-Fault Basic Reparation Benefits
- A-729-A Employer's Non-Owned Auto Liability
- A-721.3-A Single Limit of Liability
- A-150-A New Vehicle Replacement Coverage
- A-602.7-A Additional Insured(s) Under Written Lease Endorsement
- A-139-A Amendatory Endorsement - Kentucky
- A-900.2-A Read Your Policy Carefully
- S-18-S Mutual Policy Notification

| | | |
|-----------------|----------------|----------------|
| RATE CLASS T2N | TERRITORY 064 | TERM 06 MONTHS |
| COST SYMBOL 017 | PACKAGE CODE 2 | TIER 1000 |

ADDITIONAL INSURED/LEASE
FM FACILITY MAINTENANCE CO
10 COLUMBUS BLVD
HARTFORD, CT 06106-1976
LOAN NO.

AGENT _____



CERTIFICATE OF LIABILITY INSURANCE

SOMET-1

OP ID: LB

DATE (MM/DD/YYYY)

03/10/2016

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| | | |
|--|---|------------------------------------|
| PRODUCER Insurance Associates of KY 1021 Majestic Dr., #330 Lexington, KY 40513 Eric Dodson | CONTACT NAME: Lida Bunton | |
| | PHONE (A/C, No, Ext): 859-233-1443 | FAX (A/C, No): 859-254-2370 |
| E-MAIL ADDRESS: lbunton@insuranceassociates.net | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : KESA, The Kentucky Workers Comp | | |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
 Somethin Bloomin, LLC
 Cindy England
 1855 Norfolk Drive
 Lexington, KY 40503

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 136972 | 10/22/2015 | 10/22/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

For Information
 Purposes Only

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AUTHORIZED REPRESENTATIVE

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