2MCLA-1

OP ID: SP



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/18/2015

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(les) 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)

C	ertificate holder in lieu of such endors	ement(s	5).							
	DUCER			CONTAC NAME:	Ĭ					
CMI P&C, Inc Berea KY 292 Glades Road Suite 5					PHONE FAX (A/C, No, Ext); (A/C, No):					
Ber	ea, KY 40403			E-MAIL ADDRES						
CMI				ADDICEO		IDED(S) AFEOD	DING COVERAGE		NAIC #	
				MOUDE					14621	
INSU	RED Scina Lawn Care Service	s. II C							14021	
111 Pennington St Berea, KY 40403					INSURER B:					
					INSURER C:					
				INSURER D:						
				INSURER E:						
				INSURER	F:					
CO	VERAGES CER	TIFICAT	E NUMBER:				REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIREM PERTAIN	ENT, TERM OR CONDITION . THE INSURANCE AFFORD	N OF ANY DED BY T	CONTRACT HE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPECT TO	ст то	WHICH THIS	
INSR LTR		ADDL SUB			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIK	GENERAL LIABILITY	INSK WYL	FOCIOT NOIRBER	- 10	MAROURITIT)	(MANADOTTET)	EACH OCCURRENCE	s	1,000,000	
Α			3328312060		02/26/2015	02/26/2016	DAMAGE TO RENTED		100,000	
^	F==		552651266V		V212012013	0212012010	PREMISES (Ea occurrence)	\$		
	X CLAIMS-MADE OCCUR	i l		i			MED EXP (Any one person)	\$	5,000	
		!					PERSONAL & ADV INJURY	\$	1,0 00,000	
							GENERAL AGGREGATE	S	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$	2,0 00,000	
	POLICY PRO- LOC							\$		
	AUTOMOBILE LIABILITY			ī			COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS	1		İ			BODILY INJURY (Per accident)	\$		
	NON-OWNED						PROPERTY DAMAGE	s		
	HIRED AUTOS AUTOS						(PER ACCIDENT)	\$	-	
_	X UMBRELLA LIAB OCCUR						5101.5001.0051.05		1,000,000	
A	- OCCOR		3328312060		02/26/2015	02/26/2016	EACH OCCURRENCE	2	'	
	CCAIMS-MADE		3320312000		02/26/2015	02/26/2016	AGGREGATE	S	1, 0 00,000	
_	DED X RETENTION \$ WORKERS COMPENSATION			<u> </u>			WC STATU- OTH-	S		
	AND EMPLOYERS' LIABILITY			1	02/26/2015	02/26/2016	X WC STATU- TORY LIMITS OTH-			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	3328312060	[]			E L EACH ACCIDENT	5	500,000	
	(Mandatory in NH)						E L DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - POLICY LIMIT	\$	500,000	
			i							
).									
				1						
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attacl	ACORD 101. Additional Remarks	Schedule, I	f more snace le	reculred)				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (Attaci	1 ACORD 191, Additional Remarks	i Schilaule, i	r more space is	required)				
CE	RTIFICATE HOLDER			CANCE	ELLATION		<u> </u>			
ᅜᆮᆙ	TH TOATE HOLDER		LEVIOAA	CANCE	LLATION					
		LEXIGA1	SHOU	LD ANY OF T	THE ABOVE D	ESCRIBED POLICIES BE CA	MCEL	LED BEFORE		
Lexington Fayette Urban					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				1	ZED REPRESE	NTATIVE	<u> </u>			
Lexington, KY 40507					CMI					

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/24/2015

E IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE 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

PROD	is to the certificate holder in lieu o	t su	CN e	ndorsement(s).							
	ਪਰਦਸ਼ tucky Farm Bureau Mutual ins	nce	Company	CONTACT NAME: Ray D. Himes							
	id Mayo, Agency Manager	IICC	Company	PHONE							
PO Box 836					(A/C, No, Ext):	(A/C, No):	859-986-2319				
	ea KY 40403				E-Mail						
Delt	54 K1 40400				Address: Fay.h	NAIC #					
INSUR					INSURER A: Kei	HAIC P					
Scott & Tina McIntosh 111 Pennington St Berea Ky 40403					INSURER B:						
					INSURER C:						
					INSURER D:	 					
				INSURER E:							
COV	/ERAGES CEI	RTIF	ICAT	E NUMBER:	INSURER F:		REVISION	NUMB	ER:		
	THIS IS TO CERTIFY THAT THE POLICIES				HAVE BEEN ICCITE	TO THE INCLUDED					
	INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUC	EQUII PERT	R <mark>EME</mark> AIN, T	NT, TERM OR CONDITI THE INSURANCE AFFOR	ON OF ANY CONTRA	ACT OR OTHER DO MES DESCRIBED H	CUMENT WITH RES	SPECT TO	WHICH THIS		
LTR	TYPE OF INSURANCE	ADDL	RSU6	POLICY NUMBER	POLICY EFF	POLICY EXP		LUMITE			
	GENERAL LIABILITY	243613		, out, nomen	pansaring	(1111)	EACH OCCURRENCE		\$1,000,000		
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurre	nce)	•		
	CLAIMS-MADE COCCUR						MED EXP (Any one per	son)			
	Automobile Liability			0020290083	02/03/2015	08/03/2015	PERSONAL & ADV INJI	L	1		
		1		0010230003	0250372013	00/03/20/3	GENERAL AGGREGAT	E	3		
	GEN'L AGGREGATE LIMIT APPLIES PER:	1				ì	PRODUCTS - COMP/O	PAGG	5		
	POUCY PRO-								3		
	AUTOMOBILE LIABILITY	-		,			COMBINEO SINGLE LII (Ea accident)	ML,	\$		
- 1	ANY AUTO						BODILY INJURY (Per p	erson)	Š		
ſ	ALL OWNED SCHEDULED AUTOS	Į				•			\$		
	NON-OWNED						PROPERTY DAMAGE		\$		
	AUTOS						(Per accident)				
_		_	Ш						<u>s</u>		
	UMBRELLA LIAB LOCCUR						EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE					1	AGGREGATE		\$		
	DED RETENTION \$	<u> </u>						-	\$		
	WORKERS COMPENSATION AND						TORY LIMITS	OTHER			
	EMPLOYERS' LIABILITY	N/A					EL EACH ACCIDENT		<u> </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?	ĺ									
	(Mandatory In NH)						EL DISEASE - EA EMP	LOYEE	5		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY	LIMIT :	s		
	EPTION OF OPERATIONS / LOCATIONS / VEHICLE			ORD 101, Additional Remark			ESTE A DESAG				
	1 FORD F-150 VIN#1FTFW1EF8BFA7 7 FORD F-250 VIN#1FTHX26F4VEA38:	,		1996 FORD F-350 VIN#1FTJW35F3TEA95209 2000 FORD F-250 VIN#1FTNX20F1YEB49422							
2014	FORD MUSTANG VIN#1ZVBP8FF4E6	927		2000 FORD F-250 VINE IF THAZOF IT E545422 2000 FORD MUSTANG VIN#1FAFP4046YF226641							
200	4 FORD F-350 VIN#1FTSF31P04EB269	23			1994 CHEV 250	0 VIN#1GCGK24	K7RE128591				
CEP	TIFICATE HOLDER				CANCELLATIO	NI -					
LFUC				SHO	CANCELLATION OULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE						
	EAST MAIN ST			THE	HEROF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	NGTON KY 40507			AUT	UTHORIZED REPRESENTATIVE						