



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2016

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.

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).

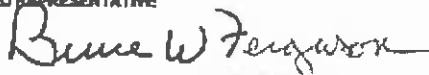
PRODUCER The Underwriters Group, Inc. 1700 Eastpoint Parkway P.O. Box 23790 Louisville, KY 40223	CONTACT NAME: PHONE (AC No. 502-244-1143) FAX (AC No. 502-244-3411) E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
INSURED American Fire & Security LLC 80 Hury Lane Somerset, KY 42501	INSURER A: First Mercury Insurance Company 10657
	INSURER B: Bridgefield Casualty Insurance Company 10335
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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	AUTO SUBM INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC		SECGL000005042103 \$ 1,000,000/ \$ 2,000,000	01/01/2016	01/31/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPACT AGE \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBOD SINGLE LIMIT (Ea occide) \$ 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 RETENTIONS:					EACH OCCURRENCE \$ 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		19625013	01/21/2016	01/21/2017	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> DISEASE E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

CERTIFICATE HOLDER	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 

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INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY GREATER LEXINGTON INSURANCE AGENCY INC
14-0152-00 RK MKT TERR 039 (859) 224-2477

ITEM ONE
NAMED INSURED AMERICAN FIRE & SECURITY LLC

ADDRESS 80 EURY LN
SOMERSET KY 42501-4115

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Renewal Effective 03-15-2017

POLICY NUMBER 47-761-350-00
Company Use 52-02-KY-0809

Company Bill	POLICY TERM	
	12:01 a.m. 03-15-2017	12:01 a.m. to 09-15-2017

Entity: Limited Liability Company

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those autos shown as covered autos. Autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Commercial Auto Policy next to the name of the coverage.

COVERAGES		COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Combined Liability		7, 9, 19	\$1Million each accident	\$2,406.34
Uninsured/Underinsured Motorist Coverage		7	Uninsured Motorist Bodily Injury - See ITEM THREE.	\$169.89
		7	Underinsured Motorist Bodily Injury - See ITEM THREE.	\$306.71
Personal Injury Protection		7	See ITEM THREE for limits and additional information.	\$69.00
Medical Payments				No Coverage
Physical Damage	Comprehensive	7	\$250 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$523.35
	Collision	7	\$500 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$897.60
	Road Trouble Service			No Coverage
	Additional Expense			No Coverage
Kentucky City/County Tax/Collection Fee				\$285.68
Kentucky Premium Surcharge				\$81.30
Premium for Endorsements and Terrorism Coverage				\$144.43
ESTIMATED TOTAL PREMIUM*				\$4,884.30

* This policy may be subject to final audit.



**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

Owners Insurance Company P.O. Box 30660
Company Number: 32700 Lansing, MI 48909
(800) 397-4267

Named Insured AMERICAN FIRE & SECURITY LLC

Effective Date 03-15-2017 Expiration Date 09-15-2017
Policy Number 47-761-350-00 Policy Type CL
Year/Make 2000 CHEV EXPRESS G3500 BS VAN4X22
VIN 1GCHG39R8Y1131717
Agency GREATER LEXINGTON INSURANCE AGENCY INC
Phone (859) 224-2477 Agency Code 14-0152-00

1. This policy meets the minimum liability limits as prescribed by Kentucky law. The policy also conforms to meet the minimum liability limits required by any state or Canadian province in which the vehicle is operated.
2. You may be required to provide this card as your proof of insurance if you are driving in another state.
3. This card must be carried in each motor vehicle covered by this policy.

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

89405 (2-12)

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Policy Number 47-761-350-00 Policy Type CL
Year/Make 2006 CHEV EXPRESS G2500 CARGOVAN
VIN 1GCGG25V861257498
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Policy Number 47-761-350-00 Policy Type CL
Year/Make 2007 CHEV EXPRESS G3500
VIN 1GCHG39U971121703
Agency GREATER LEXINGTON INSURANCE AGENCY INC
Phone (859) 224-2477 Agency Code 14-0152-00

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Effective Date 03-15-2017 Expiration Date 09-15-2017
Policy Number 47-761-350-00 Policy Type CL
Year/Make 2010 CHEV EXPRESS G2500
VIN 1GCAGFDA0A1135452
Agency GREATER LEXINGTON INSURANCE AGENCY INC
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Policy Number 47-761-350-00 Policy Type CL
Year/Make 2009 CHEV EXPRESS G3500
VIN 1GCHG39K491138958
Agency GREATER LEXINGTON INSURANCE AGENCY INC
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