

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2012

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

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				CONTACT NAME: David Mayo					
David Mayo, Agency Manager			PHONE	F	+1 (859) 98	36-2318	FAX (A/C, No):	+1 (859) 986-2319	
PO Box 836				, Ext):	((ACC, NO):	(057,700 2515	
Berea, Ky 40403				E-Mail Address:					
				INSURER(S) AFFORDING COVERAGE				NAIC#	
INSURED				INSURER A: Kentucky Farm Bureau Mutual Insurance					
				INSURER B:					
Boyd Gambrel Jr				INSURER C:					
1045 Trevor Dr Berea, Ky 40403				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. INSURANCE OF THE POLICY FOR THE POLICY FO									
	ADDL SU	VD POLICY NUMBER	POLICY (MM/DD/)	YYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
GENERAL LIABILITY						EACH OCCURRENCE			
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						DAMAGE TO RENTEL PREMISES (Ea occurr			
						MED EXP (Any one person) \$			
			Antonia			PERSONAL & ADV IN			
				GENERAL AGGREGATE			TE \$		
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/O			
POLICY JECT LOC				\$					
AUTOMOBILE LIABILITY		4	į		COMBINED SINGLE L (Ea accident)	IMIT \$			
ANY AUTO						BODILY INJURY (Per person) \$			
ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS AUTOS						BODILY INJURY (Per accident) \$			
						PROPERTY DAMAGE			
			***			(Per accident)			
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ AGGREGATE \$			
EXCESS LIAB CLAIMS-MADE								<u> </u>	
DED RETENTION \$			200			AGGREGATE	\$		
WORKERS COMPENSATION AND EMPLOYERS LIABILITY N/A						WC STATU- TORY LIMITS	OTHER		
						 	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N					E.L. EACH ACCIDENT				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below				1		E.L. DISEASE - POLIC	YLIMIT \$		
2003 Chevy Tahoe 1GNEK13ZX3R218874		20274737	08-28-2012		02-28-2013	BI/1,000,000 CSL & PD/1,000,0		000 CSL	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (Attach	ACORD 101, Additional Re	marks Schedule, if n	nore space	is required)				
CERTIFICATE HOLDER CANCELLATION									
FUCG	SHOULD ANY OF T	OULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE EROF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
200 E Main St Lexington, KY 40507	UTHORIZED REPRESENTATIVE								
-conigion, it 1000/	- VAGARA								

ACORD 25 (2010/05)

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