



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/8/2016

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 Carroll & Stone Insurance 4384 Clearwater Way, Ste. 200 Lexington, KY 40515	CONTACT NAME: PHONE (A/C, No., Ext): (859) 269-1044 FAX (A/C, No.): (859) 276-0266 E-MAIL ADDRESS:																								
INSURED Wrights Farm Services Inc. 3700 River Drive Richmond, KY 40475	INSURER(S) AFFORDING COVERAGE <table border="0"> <tr> <td style="text-align: right;">INSURER A :</td> <td>Motorists Mutual Insurance Company</td> <td style="text-align: right;">NAIC #</td> <td>14621</td> </tr> <tr> <td style="text-align: right;">INSURER B :</td> <td>Kentucky AGC</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">INSURER C :</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">INSURER D :</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">INSURER E :</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">INSURER F :</td> <td></td> <td></td> <td></td> </tr> </table>	INSURER A :	Motorists Mutual Insurance Company	NAIC #	14621	INSURER B :	Kentucky AGC			INSURER C :				INSURER D :				INSURER E :				INSURER F :			
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		3326346910	01/01/2016	01/01/2017	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 - COMPPOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					
	POLICY	PRO-JECT	LOC			PRODUCTS - COMPPOP AGG \$
	OTHER					
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS	NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	016982	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input checked="" 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
	If yes, describe under DESCRIPTION OF OPERATIONS below					

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

CERTIFICATE HOLDER LFUCG 200 E. MAIN STREET LEXINGTON,, KY 40507	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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