

CERTIFICATE OF LIABILITY INSURANCE

KLEIN-2

OP ID: DA

DATE (MM/DD/YYYY) 05/20/2015

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(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: Lisa A. Bentley	NAME: LISA A. Bentiey				
2000 Envo	urance Agency, Inc. v Circle	PHONE (A/C, No, Ext): 502-736-7000 FAX (A/C, No): 502-	736-7001				
Louisville,	KY 40299	E-MAIL ADDRESS:	_				
Lisa A. Bentley		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: KY Employers Mutual Insurance					
INSURED	Kleinholter Construction LLC	INSURER B: Westfield Insurance Company	24112				
	502 Cornell Place Louisville, KY 40207	INSURER C:					
	Louisville, ICT 40207	INSURER D :					
		INSURER E:					
		INSURER F:					
00VED 4	OFFICIOATE N	DEVICION NUMBER.					

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	NSR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3	
В	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000	0,000
		CLAIMS-MADE X OCCUR	X		CWP0461127	06/23/2015	06/23/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500	0,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$ 2,000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000	0,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 4,000	0,000
		OTHER:							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
В		ANY AUTO			CWP0461127	06/23/2015	06/23/2016	BODILY INJURY (Per person)	\$	
	X	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				01267014	05/20/2015	05/20/2016	X PER OTH-ER		
Α			N/A					E.L. EACH ACCIDENT	\$ 50	0,000
								E.L. DISEASE - EA EMPLOYEE	\$ 50	0,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 50	0,000
l										

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

Holder is listed as additional insured with respect to general liability

CERTIFICATE HOLDER	CANCELLATION
CERTIFICATE RULDER	CANCELLATION

LEX-FAY

Lexington-Fayette Urban County Govt. 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

Lisa a Bentlet