

MATTM-1 OP ID: KHAT

DATE (MOM/DD/YYYY) 01/23/2015

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
Cambridge Insurance
2300 Regency Rd
Lexington, KY 40503
Andrew Wethall

INSURER A: Selective Insurance

INSURER B:
INSURER B:
INSURER B:
INSURER B:
INSURER C:
INSURER C:
INSURER C:
INSURER C:
INSURER D:
INSUR

			Calaati	12572					
DAG:	JRED Matt Minlard			DISURER A: Selective Insurance					
HASE	dba Blue Grass Realty			INSURER B:					
	& Appraisal Service		•	INSURER C :			_	-	
	PO BOX 910470		-	INSURER D :					
	Lexington, KY 40591		-	INSURER E :					
-				INSURER F:					
TI IN C	HIS IS TO CERTIFY THAT THE POLICIES (NDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH P	OF INSUITEME QUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITION OF THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE I	OF ANY CONTRACT OF BY THE POLICIE BEEN REDUCED BY POLICY EFF	THE INSURE OR OTHER I S DESCRIBE PAID CLAIMS. POLICY EXP	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
A	X COMMERCIAL GENERAL LIABILITY	MVD CEN	POLICY NUMBER	(MM/DD/YYYY)	MINIODAYYYY	_		1,000,000	
^			S 2145820	01/09/2015	01/09/2016	DAMAGE TO RENTED	\$	100,000	
	CLAIMS-MADE A OCCUR		3 2143020	0 1/03/2013	0110312010	PREMISES (Ea occurrence)	\$	5,000	
						MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (En accident)	\$		
	ANY AUTO					BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	5		
	NON-OWNED					PROPERTY DAMAGE (Per accident)	\$		
	HIRED AUTOS AUTOS					(Per McGOESI)	5		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s	-	
	EXCESS LIAB CLAIMS MADE								
	GOWNS WAS E					AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION					PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N					STATUTE ER			
		N/A				EL EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below					EL DISEASE - POLICY LIMIT	\$		
DE84	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACORD	101, Additional Remarks Scheduk	o, may be attached if more	space is require	od)			
CEI	RTIFICATE HOLDER			CANCELLATION					
	LFUCG		LFUCG-6		DATE THE	ESCRIBED POLICIES BE CAREOF, NOTICE WILL E Y PROVISIONS.			
	Department of Insurance 200 E Main St. Lexington, KY 40507			AUTHORIZED REPRESEI Andrew Wethall	NTATIVE				

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PROGRESSIVE

P.O. Bus 94735 Cleveland, OH 44101 1-800-895-2686

Policy number: 01630622-4

United Financial Casualty Company January 23 2015 Page 1 of 1

Certificate of Insurance

Certificate Holder

LFUCG 200 EAST MAIN ST LEXINGTON, KY 40507 Insured

SPRING FORK
PO BOX 910470
LEXINGTON KY 40591

Agent

PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date | Dec 22, 2014

Policy Expiration Date Jun 22, 2015

Insurance coverage(s)

Bodily Injury/Property Damage

Limits

\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

1991 TOYOTA PICKUP JT4\ N93DOM5027266

Certificate number

02315A09622

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

Intel 5, 41 1 1 6.

rom:Rossi Ison FaxID:Carroll Insurance Date:1/21/2015 04:05 PM Page: 1 of 1

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID: RI

DATE (MM/DD/YYYY)

01/21/2015

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.

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Carroll & Stone Insurance Services 4384 Clearwater Way, Suite 200		CONTACT NAME: PHONE (AIC, No, Ext): (AIC, No):				
		E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: CENTR-4				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED	Central KY Turf, Inc.	INSURER A : Motorists Insurance Companies	14621			
	173 Payne Street	INSURER B : FFVA				
	Lexington, KY 40508	INSURER C:				
		INSURER D:				
		INSURER E :				
		INSURER F:				

						INSURER D:					_
				INSURER E :							
						INSURER F:					
					E NUMBER:				REVISION NUMBER:		
)) C	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.										
INSF LTR	1	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	PO (MM)	LICY EFF	POLICY EXP (MM/DD/YYYY)	LOMIT	8	
		NERAL LIABILITY		1		1			EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY			3325002710E	01/	/01/2015	01/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE X OCCUR		1					MED EXP (Any one person)	\$	5,000
				1					PERSONAL & ADV INJURY	s	1,000,000
			1						GENERAL AGGREGATE	\$	2,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGG	\$	2,000,000
	~	POLICY PRO-							PRODUCTS: COMPTOP AGG	\$	2,000,000
	AU	FOMOBILE LIABILITY			-				COMBINED SINGLE LIMIT (En accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS HIRED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$	
		NON-OWNED AUTOS								\$	
						ĺ				\$	
	X	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
A		EXCESS LIAB CLAIMS-MADE	,		3325002710	04/04/2045	01/01/2016	AGGREGATE	\$	1,000,000	
^		DEDUCTIBLE			5323002110	01/01/2015		01/01/2010		\$	
		RETENTION \$		\perp						\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY				i		X WC STATU- OTH TORY LIMITS ER			
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE (ICER/MEMBER EXCLUDED?	WC840-0026949-2014A		09/04/2014	09/04/2015	E L EACH ACCIDENT	\$	1,000,0 00		
	(Ma	ndatory in NH)		1				E L DISEASE - EA EMPLOYEE	\$	1,000,000	
		s describe under SCRIPTION OF OPERATIONS below							E L DISEASE - POLICY LIMIT	\$	1,000,0 00
Α	Ren	ital Equipment			33.250027-10E	01/0	01/2015	01/01/2016	Rental Eq		100,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) For license renewal.										
CE	RTIF	ICATE HOLDER				CANCELL	LATION				
	LFUC CO LFUCG Contractor Registration Division of Building Inspection 200 E Main Street Lexington, KY 40507				THE EX	PIRATION ANCE WIT	DATE THE	ESCRIBED POLICIES BE CAREOF, NOTICE WILL BY PROVISIONS.			

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Kay Brandenburg

CERTIFICATE OF INSURANCE

Christy

Fri Jan 23 15:37:22 CST 2015

SHELTER MUTUAL INSURANCE COMPANY A MUTUAL COMPANY

SHELTER GENERAL INSURANCE COMPANY A STOCK COMPANY

Name & Address To Whom Issued:

LFUCG CENTRAL PURCHASING 200 EAST MAIN STREET LEXINGTON, KY 40507

Name & Address of the Named Insured:

COLLINS, JACK

173 PAYNE ST LEXINGTON, KY 40508-1234

This Certificate of Insurance neither affirmatively nor negatively amends, alters or extends the coverage afforded by the policy(s) listed. The Certificate is issued for informational purposes only and confers no rights to the certificate holder.

This is to certify that insurance policies shown below by policy number have been issued for the policy period(s) indicated:

Company	Type of lasurance	Policy Number	Policy Inception	Policy Expiration	Limits of Liability
X Shelter Mutual Shelter General	Automobile All Owned or Leased Autos (described in declarations of a Shelter issued policy) X Scheduled Autos Hired Autos Non Owned Autos	16-1-8914855-2	01/19/2015	04/19/2015	Single Limit 1,000,000 BI Per Person BI Per Accident PD Per Accident

REMARI	CS:
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Date	1/23/15
D/au	
	

VEHICLE(S)

Year Model

Trade Name

Motor Serial No. (Last 5 Digits)

1988 C1500 2W WIDE 131.5

GMC

37945

M-51.26-M

KODICON-01

JJACKSON

DATE (MOM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

1/21/2015

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	ertificate fioliser in fied of addit effoor	ocilie	iii(e)	•						
				CONTACT NAME: PHONE (AC, No, Ext): (859) 273-1549 FAX (A/C, No): (859) 272-0075						
Lexington, KY 40555					ADDRESS:					
			INS	URER(S) AFFOR	RDING COVERAGE		NAIC #			
					INSURE	RA: The Tra	velers Inde	emnity Co.		256 58
INS	RED				INSURE	RB: Kentuc	ky Associa	ted General Contract	ors	
	Kodiak Construction & Eng	iinaai	ina l	no.	INSURE	RC:				
	PO Box 24250	iii ieei	my,	110.	INSURE			===5 - 3=1		1) 35 11
	Lexington, KY 40524				INSURE					8 - 5
					INSURE					
CO	VERAGES CE	RTIFI	CATI	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLIC IDICATED NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR		ADDI	SUER			POLICY EFF	POLICY EXP	טויום.		
A	X COMMERCIAL GENERAL LIABILITY	INSID	WVD	POLICY NUMBER		(MIM/DD/YYYYY)	(MML/DD/YYYY)		5	1,000,000
	CLAIMS-MADE X OCCUR			6804B111394		02/25/2014	02/25/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1 ,0 00,000
	GEN'L AGGREGATE LIMIT APPLIES PER.							GENERAL AGGREGATE	\$	2,0 00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,0 00,000
	OTHER								\$	
	AUTOMOBILE LIABILITY	i i						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO		i	BA4B112907		02/25/2014	02/25/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED ALITOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
								(* c. docidora)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADI							AGGREGATE	\$	
	DED RETENTION\$	1							s	
	WORKERS COMPENSATION	1						X PER OTH-		
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	,		18164	01/01/20	01/01/2015 01/01/2016	01/01/2016	E.L. EACH ACCIDENT	s	4,000,000
-	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	1						E L. DISEASE - POLICY LIMIT		4,000,000
=	DESCRIPTION OF OPERATIONS DELIVE	+						E. L. DISEASE - POLICY CINIT	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The Pimi	CRIPTION OF OPERATIONS / LOCATIONS / VEHI following are listed as additional insur ico Parkway LLC enstein Development LLC and their Afi	ed.:		101, Additional Remarks Schedu	de, may b	e attached if mor	e apace la requi	(चर्च)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
LFUCG 200 E Main Street				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.			
	Lexington, KY 40507				AUTHO	RIZED REPRESE	NTATIVE			
					an	in Speko	r.			
					70.00	er Me ao	-			

ACORD



LANDS-2 OP ID: DW

DATE (MM/DDNYYY) 01/27/2015

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.

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INSURER A : Bridgefield Casualty Ins. Co. 34169 INSURER B : Liberty Mutual 24066 INSURER C : INSURER	หมบบบบลห Kentucky Insurance Group LLC P O Box 910828 Lexington, KY 40591-0828 Joe Downs		CONTACT JOE DOWNS PHONE (AIC, No, Ext): 859-277-8877 EMAIL ACCRESS: Jdowns@kentuckyinsurancegroup.com	52-5831
Landscape Supply & Design Judy G. Combs dba 2164 Mackey Pike Nicholasville, KY 40356 Landscape Supply & Design INSURER B: Liberty Mutual INSURER C: INSURER D: INSURER E:			INCURER(G) AFFORDING COVERAGE	NAIC #
Judy G. Combs dba 2164 Mackey Pike Nicholasville, KY 40356 INSURER D: INSURER E:			INSURER A : Bridgefield Casualty Ins. Co.	34169
2164 Mackey Pike Nicholasville, KY 40356 INSURER E:	ONSURBO	Landscape Supply & Design	INSURER 5 : Liberty Mutual	24066
Nicholasville, KY 40356 INSURER E:			INSURER C:	
INSURER E:			INSURER D:	
INSURER F:			INCURER E :	
			INSURER F:	

COVERAGES

CERTIFICATE 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. ADDL SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INBURANCE POLICY NUMBER 1,000,000 R X COMMERCIAL GENERAL LIABILITY EACH OCCUPRENCE DAMAGE TO RENTED FREMISES (Falorostence) 100,000 CBP8592213 01/26/2015 01/26/2016 CLAIMS MADE OUCUM 5,000 MED EXI' (Any one person) 1,000,000 PERSONAL & ADVINJURY 2,000,000 CENTLACOREGATE LIMIT AFFILES HER CENERAL AUGREGATE Long April 100 2,000,000 PRODUCTS COMP/OF ACC CIMEN COMBINED SINCLE LIMIT (Egganden) AUTOMOBILE LIABILITY 1,000,000 В CBP8592213 01/26/2015 01/26/2016 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED ΠΟΣΝ Y INJURY (Per accrient) PROPERTY DAMAGE (Fet acident) LIRCO AUTOS UMBRELLA LIAB 1,000,000 EACH OCCUPRENCE Occur **EXCESS LIAB** CU8597513 01/26/2015 01/26/2016 1,000,000 В AGGRESATE CT AIMS-MADE DED RETENHORS WORKERS COMPENSATION X FIR AND EMPLOYERS LIABILITY 196-20147 03/31/2014 03/31/2015 1,000,000 ANY 1910-1918 TORKINE MEMBAECUTIVE OF ITS ERROR PROFESSION OF THE ET FACILIACCIDÉBT INTA 1,000,000 FU DISCASE - DA EMPLOYEE (Mandatory in NH) Tyes, describe under DESCRIPTION OF OPERATIONS Indian 1,000,000 EL DISEASE POLICY I MIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 10), Additional Remarks Schedule, may be attached it more space is required)

CERTIFICATE HOLDER		CANCELLATION
LFUCG Central Purchasing 200 E. Main St Lexington, KY 40507	LFUCGCP	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
		<i>U</i>



01/07/2015

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PRODUCER Central Insurance Services 2400 Harrodsburg Rd Lexington, KY 40503 House Accounts	CONTACY NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Kentucky Employer's Mutual Ins	10320
INSURED LexCut Lawn & Landscaping	INSURER B : Auto Owners Insurance	18988
Bradley Buford DBA 1209 Jekyll Drive	INSURER C:	
Lexington, KY 40513	INSURER D :	
	INSURER E:	
	INSURER F:	11

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUI		POLICY EFF	POLICY EXP (MM/DR:YYYY)	LIMIT	8	
	GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
В	X COMMERCIAL GENERAL LIABILITY		52852906	06/21/2014	06/21/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000
	CLAIMS-MADE OCCUR					МЕD ЕХР (Алу опе регвоп)	5	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- LOC						\$	- 25-
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS		1			BODILY INJURY (Fer accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$	
							5	755 33
	UMBRELLA LIAB OCCUR		ĺ			EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTIONS						S	1001242
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- X OTH-		
Α	ANY PROPRIETOR PARTNER EXECUTIVE	N/A	317410	06/18/2014	06/18/2015	E.L. EACH ACCIDENT	\$	1 ,00 0,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	1 ,00 0,000
	If yee, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,00 0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (Attac	th ACORD 101, Additional Remarks Sch	edute, if more space is	required)			

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

Landscape Gardening - Lawn Mowing

CERTIFICATE HOLDER		CANCELLATION
Lexington - Fayette Urban County Government Division of Bidg Inspection	LFUCG-4	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 E. Main Street Lexington, KY 40507		AUTHORIZED REPRESENTATIVE House Accounts



DATE (MM/DD/YYYY) 01/26/2015

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NAME:
PHONE
(A/C, No, Exi):
E-MAIL
E-MAI PRODUCER Heritage Insurance Agency, Inc. FAX (A/C, No): 859-223-4166 3306 Clays Mill Rd E-MAIL ADDRESS; KIM@HERITAGEINSURANCEKY.COM Suite 106 Lexington, KY 40503 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: OWNERS INS CO 32700 Lexcut Lawn and Landscape LLC INSURED 1209 Jekyll Dr INSURER C : Lexington, KY 40513 INSURER D: INSURER E: INSURER F : COVERAGES REVISION NUMBER: **CERTIFICATE 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ \$ CLAIMS-MADE OCCUR MED EXP (Any one person) 5 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE GENT, AGGREGATE LIMIT APPLIES PER. PRODUCTS - COMP/OP AGG POLICY PRO-5 OMBINED SINGLE LIMIT 12/27/2015 1,000,000 AUTOMOBILE LIABILITY 4685290600 12/27/2014 BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED. \$ BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per eccident) \$ HIRED AUTOS s UMBRELLA LIAB EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE **AGGREGATE** RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) EL EACH ACCIDENT N/A EL. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION **CERTIFICATE HOLDER** Fax#: (859) 258-3780 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN LEUCG ACCORDANCE WITH THE POLICY PROVISIONS. Contractors Registration 200 East Main Street AUTHORIZED REPRESENTATIVE Lexington, KY 40507



DATE (MM/DD/YYYY) 1/15/2015

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)

	e terms and conditions of the policy, ertificate holder in lieu of such endors			ndorse	ement. A sta	tement on th	is certificate does not o	onfer	rights to the	
-	DUCER	eillei	it(o).	CONTACT Chris Rightmyer						
Ri	ghtmyer Insurance Agency			PHONE (A/C, No. Ext): (859) 236-4860 FAX (A/C, No.): (859) 236-4906						
	9 North Fourth Street			E-MAIL Spring Crightmyerins.com						
PO	Вож 337			AUDINE			RDING COVERAGE		NAIC #	
Da	nville KY 404	422		INSURI			Insurance Co.	.,	14060	
INSL	RED			INSURI			THE STATE OF THE S		11000	
Wa.	lker-Harris Landscapes a	nd E	Hardscapes, LLC	INSURI						
15	6 Bell Avenue		• ,	INSURI						
				DISURI						
Ve.	rsailles KY 403	383		INSURI						
CO	VERAGES CERT	nFIC.	ATE NUMBER:CL1511500				REVISION NUMBER:			
16 C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	QUIRE PERTA PCLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORE CIES, LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDLIS INSR Y	OUBR POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT	9		
	GENERAL LIABILITY		- was i its make			AND THE REAL PROPERTY.	EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
A	CLAIMS-MADE X OCCUR		CT2213671		1/15/2015	1/15/2016	MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	Inclueded	
							GENERAL AGGREGATE	5	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO-							\$		
	AUTOMOBILE LIABILITY						CCMBINED SINGLE LIMIT (Eg accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	2		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	S		
								\$		
	UMBRELLA LIAB OCCUR					i	EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTIONS							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH-			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
	(Mandatory In NH) If yes, describe under						EL DISEASE - EA EMPLOYEE	\$		
_	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH ICLES (Attach ACORD 1 01, Additional Remarks Schedule, if more space is required) Landscaping and Hardscaping Contractors										
05	TIEIO ATE NOI DET			0.5311						
CE	RTIFICATE HOLDER			CANO	CELLATION					
LFUCG Division of Building Inspection 200 E Main Street					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					
	Lexington, KY 40507									
		Chris Rightmyer/CHRIS								

CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Named Insured:

PHILIP WALKER

2980 W HIGHPOINT ST

OMA	HA,	NE USA 681548000			SPRING	FIEL	D MO 6	5810-2050		
					Automobile Liability	,				
Insun	er Nam	e: Alistate insurance Company	/	_	Parotitopio Babito					
Polic	y Numt	er: 648263564								
	1 - An	y Auto	2.	- Ow	ned Autos Only		3 – Own	ed Priv. Pass. Autos Only		
		vned Autos Other Than Priv. Autos Only		- Ow to Fau	ned Autos Subject to	х	6 – Own	ed Autos Subject to a Compulsory UM Law		
Х	7 – Sp	ecifically Described Autos	8.	- Hire	d Autos Only		9 – Non	owned Autos Only		
Polic	y Effect	ive Date: 01-27-2015		Policy Expiration Date: 01-27-2016						
Limit		\$1,000,000	Combined Single Limit (each accident)							
Insur	ance:	Bl Pe	r Person	n BI Per Accident PD Per A						
		Description of	Operatio	ns/Lo	ocations/Vehicles/En	dorse	ments/Sp	ecial Provisions		
Inton	retod D	nety Types Logg Payer								
		arty Type: Loss Payee	IV COVET	ACE		CEDT	IEICATE LI	OI DEB		
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER.										
IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL										
INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUC										
POLI	CYLAN	IGUAGE OR ENDORSEMENT.								
Produ	icer:									

Includes copyrighted material of Insurance Services Office, Inc., with its permission

FCNB INSURANCE SERVICES INC.

Authorized Representative:

Certificate Holder:

PO BOX 542000

FORD MOTOR CREDIT

Date: 01-26-15



WRIGH-2

OP ID: LB

DATE (MUM/DD/YYYY)

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.

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PRODUCER Insurance Associates of KY 1021 Majestic Dr., #330 Lexington, KY 40513 Judy Ledford		CONTACT Judy Ledford PHONE (A/C, No. Ext): E-MAIL ADDRESS:	0):	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A : Auto-Owners Insurance		
INSURED	Wright's Home Improvement &	INSURER B:		
	Mowing LLC 542 E Loudon Avenue	INSURER C:		
	Lexington, KY 40505	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	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY						EACH OCCURRENCE	s 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			05652229-14	11/06/2014	11/06/2015	PREMISES (Ea occurrence)	300,000
1	CLAIMS-MADE X OCCUR					1	MED EXP (Any one person)	s 10,000
				1		1	PERSONAL & ADV INJURY	s 1,000,000
						Ì	GENERAL AGGREGATE	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMPIOP AGG	s 1,000,000
	POLICY PRO LOC				-	{		S
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
Α	ANY AUTO			50255620	01/30/2015	01/30/2016	BODILY INJURY (Per person)	5
i i	ALL OWNED X SCHEDULED AUTOS		1				BODILY INJURY (Per accident)	1,000,000
ı	HIRED AUTOS NON-OWNED	J					PROPERTY DAMAGE (PER ACCIDENT)	\$
			L .					\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	2
l	EXCESS LIAB CLAIMS-MADE						AGGREGATE	S
	DED RETENTION \$					1		5
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						TORY LIMITS ER	
l	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	5
l	(Mandatory In NH)				1		E L. DISEASE - EA EMPLOYEE	\$
<u></u>	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

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

fax:859-258-3780 / 859-258-3322

CERTIFICATE	HOLDER	
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LEXINFA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lexington Fayette Urban County Government 200 E. Main Street Lexington, KY 40507

AUTHORIZED REPRESENTATIVE

CANCELLATION

July Leil boni

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ZKBSERV-01

TMILLER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2015

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.

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PRODUCER	CONTACT					
Lexington (C&S)/ Assured Neace Lukens Insurance Agency Inc 2416 Sir Barton Way, Suite 300 Lexington, KY 40509	NAME: PHONE [AC, No, Ext): (859) 543-1716 E-MAIL FAX (A/C, No): (859) 543-198					
LEARING ON A TOOLS	ADDRESS: INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Consolidated Insurance Co	22640				
INSURED	INSURER B : Peerless Indemnity Insurance Co	18333				
ZKB Service LLC.	INSURER C: Hartford Insurance Co of the Midwest	37478				
115 MacArthur Ct	INSURER D: Westchester Surplus Lines	10172				
Nicholasville, KY 40356	INSURER E:					
	INSURER F:					

COVERAGES

CERTIFICATE NUMBER:

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NSR LTR		TYPE OF INSURANCE	LCCA	WVD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	9	
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,00 0,000
		CLAIMS-MADE X OCCUR	х		CBP7043273	07/13/2014	07/13/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER.							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex accident)	\$	1,000,000
В	X	ANY AUTO			BA1003482	10/16/2014	10/16/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTIONS		-					\$	
		KERS COMPENSATION						PER STATUTE ER		
C	(Mandatory In NH)		N/A	33WECBW6498	33WECBW6498	98 11/03/2014	11/03/2015	E.L. EACH ACCIDENT	2	50 0,000
			NIA					E L DISEASE - EA EMPLOYEE	\$	500,000
	If yes	n, describe under CRIPTION OF OPERATIONS below						EL DISEASE - POLICY LIMIT	s	500,000
D	Poll	ution			G27526962001	11/06/2014	11/06/2015			1,000,000
						- 1				

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

CENTIFICATE HOLDER	CANCELLATION
LFUCG-Contractors Registration 200 E. Main St. 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
	Liega Stoffed

CANCELLATION

CEDTIEICATE HOLDED