	ertificate holder in lieu of such endor	sement(s	1)	CONTA	VET O: 44	3 71 1				
Hoffman-Robertson 46 Broadway P.O. Box 347					CONTACT Cheryl S. Thornsburg PHONE (AC. No. Exil: 1 (859) 498-3410 FAX (AC. No. Exil: 1 (859) 498-3410					
					(A/C, No. Ext): 1 (000) 490-3410 (A/C, No): 1					
	. BOX 347 Int Sterling, KY 40353-0347			ADDRESS: Cheryl.Thornsburg@LimestoneAgency.com						
	<u>.</u>			INSURER(S) AFFORDING COVERAGE					NAIC#	
INSU	nco.			INSURER A: Kentucky AGC/SIF					005	
mau	RED			INSURER B.						
	Rock Trucking, LLC			INSURER C:						
	PO Box 506 Clay City, KY 40312			INSURER D:						
	Olay Olly, ICT 40312			INSURER E:						
					INSURER F:					
			E NUMBER:	REVISION NUMBER: OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE						
CE	DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERTAIN	IENT, TERM OR CONDITION I, THE INSURANCE AFFOR ILLIMITS SHOWN MAY HAVE	N OF A	NY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RE ED HEREIN IS SUBJE	ESDECT TO	DILLT HOLLING	
	COMMERCIAL GENERAL LIABILITY		The state of the s		,	,	EACH OCCURRENCE	s		
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (En occurrence			
							MED EXP (Any one person	"		
							PERSONAL & ADV INJUR			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	2		
	POUCY PRO- LOC						PRODUCTS - COMPAND A			
	OTHER:				'		PRODUCTA COMPTOR A	\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	8		
	ANY AUTO						(Ea accident) BODILY INJURY (Per person	an) S		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accid			
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE	S		
	70100						(Per accident)	- s		
	UMBRELLA LIAB OCCUR				_		EACH OCCURRENCE	s		
- 1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	- s		
	DED RETENTIONS						AGGREGATE	2		
	WORKERS COMPENSATION				01/01/2016	01/01/2017	X PER OT			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		022440						4,000,000	
- 41	OFFICER/MEMBER EXCLUDED? (Mandalory in NH)	N/A					E L EACH ACCIDENT	2	4,000,000	
- 1	if yos, describe under DESCRIPTION OF OPERATIONS below						EL DISEASE - EA EMPLO		4,000,000	
							E L. DISEASE - POLICY LI	MII 5	4,000,000	
DESC	AIDTION OF OBER A YOUR LLOCATIONS LIFE INC.									
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LO PROUNT	· · · · · · · · · · · · · · · · · · ·	оч, па з у Б	e eusched if mon	e space Is require	ia)			
CER	TIFICATE HOLDER			CANC	ELLATION					
	Lexington Fayette Urban Cou Contractor Registration 200 E. Main St.	inty Govi	ernment	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, KY 40507					AUTHORIZED REPRESENTATIVE					
				Cheral	7					

ACORD 25 (2014/01)

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PRODUCER KENTUCKY FARM BUREAU MUTUAL INSURANCE COMPANY 1096 DUVAL STREET # 150					CONTACT TIFFANY WILSON CORNETT						
					PHONE (A/C, No, Ext):	1 (050) 2		FAX (A/C, No):	+1 (859) 273-1823		
	INGTON, KY 40515				E-Mail Address:						
					INS	URER(S) AFFOR	RDING COVERAGE	 E	NAIC #		
ROCK TRUCKING LLC PO BOX 506					INSURER A: KENTUCKY FARM BUREAU MUTUAL INSURANCE				22993		
					INSURER B. KE	ANCE CO	22993				
					INSURER C						
	Y CITY, KY 40380				INSURER D						
• 1.755					INSURER E						
COVERAGES CERTIFICATE NUMBER					INSURER F.						
-				TE NUMBER:			REVISION				
	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	PERT CH PC	AIN, LICIE	ENT, TERM OR CONDIT THE INSURANCE AFFO ES LIMITS SHOWN MA	TION OF ANY CONTR	ACT OR OTHER DO	OCUMENT WITH RES	DEAT TA	WHICH TUIC		
LTR	TYPE OF INSURANCE	Marc	SUER WYD	POLICY NUMBER	POLICY EFF (MIMORYYYT)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	GENERAL LIABILITY			50184443		10/01/2016	EACH OCCURRENCE	S	2,000,000		
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrent	s (S			
	CLAIMS-MADE OCCUR						MED EXP (Any one pors	on) \$ 5	5,000		
	<u> </u>				10/01/2015		PERSONAL & ADV INJU	JRY \$			
	U	4					GENERAL AGGREGATE	\$ 4	4,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	ı					PRODUCTS - COMPIOP	AGG \$			
_	POLICY JECY TOC		_				COMPLETE OFFICE IN	\$			
В	AVY AUTO						COMBINED SINGLE LIM [Ea accident]		1,000,000		
	ALL OWNED SCHEDULED			0008605837	10/01/2015	10/01/2016	BODILY INJURY (Per per				
	AUTOS X AUTOS	i					BODILY INJURY (Per acc	cident) S			
	HIRED AUTOS NON-OWNED						PROPERTY DAMAGE [Por accident)	3	1,000,000		
٦	UMBRELLA LIAB OCCUR	-									
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	2			
	DED RETENTION'S					1	AGGREGATE	5			
	LINE LINE I CHINONS	-					WC STATU-	S			
ĺ	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						TORY LIMITS	OTHER			
- [ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPL	OYFF S			
	If yes describe under DESCRIPTION OF OPERATIONS below				1						
		-				ļ ————	E L DISEASE - POLICY I	LIMIT \$			
300	STICK OF ORE BATIONS IN CO. TO.	0.75									
ny & sure	Prion of operations / Locations / Vehicle all work performed during the policy per ed shall be primary & con-contributory. A es be cancelled before the expiration date	iod, Ti waive	he Fis r of s	hel Company is named ubrogation shall apply i	as additional insured in favor of The Fishel (including complete	ed operations. Covera s & employees. Shoul	age afford ld any of th	ed the additional he above described		
	TIFICATE HOLDER										
~+ # #					CANCELLATIO						
VIA	CTOM EXPERTS LIBBAN COLUMN	454		SHC	DULD ANY OF THE ABOV	'E DESCRIBED POLICI	ES BE CANCELLED HEF	ORE THE F	XPIRATION DATE		
	GTON FAYETTE URBAN COUNTY GOVERNI ON OF PURCHASING	MENT		THE	DULD ANY OF THE ABOVEROF, NOTICE WILL BE DETAILS.	ELIVERED IN ACCOR	ES BE CANCELLED BEF DANCE WITH THE POLIC	ORE THE E	XPIRATION DATE DNS.		

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