

JESSICAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2016

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

R	EPR	ESENTATIVE OR I	PRODUCER, A	ND T	HE C	ERTIFICATE HOLDER.							
lf	SU	BROGATION IS W	VAIVED, subj	ect to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain dorsement(s)	policies may				
PRO	DUCE	R					CONTA NAME:	ст					
Logan Lavelle Hunt							PHONE (A/C, No, Ext): (502) 499-6880 FAX (A/C, No): (502)					499-6947	
11420 Bluegrass Pkwy Louisville, KY 40299							E-MAIL and a com and a com a c						
		,					ADDICE			RDING COVERAGE			NAIC #
								INSURER A: Frankenmuth Insurance Co					13986
INSURED								INSURER B : FFVA Mutual Insurance Co					10385
Scheller's Kentucky LLC DBA Scheller's Fitness & Cycle 8323 Preston Hwy Louisville, KY 40219-5334							INSURER C:					10000	
							INSURER D :						
							INSURER E :						
		Louisville, IX	1 40210 0004				INSURER F:						
	VED	AGES	CE	DTIEI	^ A T [NUMBER:							
							REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN C	IDIC <i>i</i> ERTI	ATED. NOTWITHST FICATE MAY BE IS	FANDING ANY SSUED OR MA	REQUI	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH I SED HEREIN IS SUB.	RESPE	CT TO	WHICH THIS
INSR LTR	R =			SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)					
A	Х	COMMERCIAL GENERA		INSD	WVD			(IMIM/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE	X OCCUR			6307791		01/01/2016	01/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrent	>	\$	300,000
	X	EBL 1M/2M							••=•	MED EXP (Any one pers		\$	10,000
	<u> </u>			-						PERSONAL & ADV INJU		\$	1,000,000
	CEN	I N'L AGGREGATE LIMIT A	DDI IEC DED.	-						GENERAL AGGREGAT		\$	2,000,000
	GEI	POLICY PRO- JECT	LOC										2,000,000
										PRODUCTS - COMP/OF	PAGG	\$	
OTHER: A AUTOMOBILE LIABILITY									COMBINED SINGLE LIN	MIT	\$	1.000.000	
	X ANY AUTO					6307791		04/04/2046	01/01/2017	(Ea accident)	,	\$	
	_	OWNED AUTOS ONLY	SCHEDULED			0307791		01/01/2010	01/01/2017	BODILY INJURY (Per pe		\$	
			AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	ccident)	\$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							(Per accident)		\$	
Α	v		V									\$	2,000,000
^	X	— · · · · · · · · · · · · · · · · · · ·				6307791	01/01/2016	01/01/2017	EACH OCCURRENCE \$		·	2,000,000	
	EXCESS LIAB CLAIMS-MADE			틱		0307731		01/01/2010	01/01/2017	AGGREGATE \$ Aggregate		\$	2.000.000
-	DED RETENTION \$										OTH-	\$	2,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					22474		04/04/2046	04/04/0047	STATUTE	ER		1 000 000
					01/01/2016	01/01/2017	E.L. EACH ACCIDENT		\$	1,000,000			
(Mandatory in NH) If yes, describe under										E.L. DISEASE - EA EMPLOYEE \$		\$	1,000,000
	DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY	/ LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability coverage shall be primary and non-contributory for the additional insured, Lexington-Fayette Urban County Government, its elected and appointed officials, employeees, agents, Boards, consultants, assigns, volunteers and sucessors in interest.

CERTIFICATE HOLDER	CANCELLATION
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT 200 EAST 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.
LEAINGTON, ICT 40007	AUTHORIZED REPRESENTATIVE
	Honly Legon fr.