



**CERTIFICATE OF INSURANCE  
OF  
KENTUCKY FARM BUREAU INSURANCE COMPANY  
P. O. BOX 20700, LOUISVILLE, KENTUCKY 40250-0700**

CERTIFICATE ISSUED TO:  
LFUCG  
200 E Main Street  
Lexington, KY 40507

INSURED:  
Task Inc.  
3421 Ky Hwy 3003  
Cynthiana, KY 41031

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	BODILY INJURY AND PROPERTY DAMAGE COMBINED SINGLE LIMIT OF LIABILITY IN THOUSANDS (000)	
			EACH OCCURRENCE	AGGREGATE
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Comprehensive General <input checked="" type="checkbox"/> Premises – Operations <input checked="" type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Contractual <input type="checkbox"/> Independent Contractors	S-0086089	10/11/2016	\$ 1,000	\$ 2,000
<b>PHYSICAL DAMAGE</b>			<b>DEDUCTIBLE</b>	
			\$	
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned	6139056, 5779928	4/08/2016	\$ 1,000	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella <input type="checkbox"/> Other than Umbrella			\$	\$
IDENTIFY EQUIPMENT HERE INDICATING INSURED VALUE, MODEL AND SERIAL NUMBER or REFERENCE AN ATTACHED EQUIPMENT SCHEDULE.				
<b>WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY</b>	KEMI 306655	10/12/2016	<b>STATUTORY</b>	
			\$ 1,000 (Each Accident)	
<b>FARM LIABILITY</b> <input type="checkbox"/> Public Liability <input type="checkbox"/> Employer's Liability Bodily Injury			\$ \$ (Bodily Injury)	\$ \$ (Bodily Injury)
<b>OTHER</b> The above coverages are 1,000,000				

In the event of any change in, or cancellation of said policies, the undersigned company will endeavor to give 30 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the Company.

10/02/2015

*Janet Cox*

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EFFECTIVE DATE OF THIS CERTIFICATE

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AUTHORIZED REPRESENTATIVE