

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/21/2014

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)

such endorsement(s).											
PROD	JCER		CONTACT NAME:								
W Lee Morrison Jr				HONE FAX							
847 Lane Allen Road				. No. Ex	t):	859-277-4313		(A/C. No): 859-422-7750			
Lexington Ky 40504				-MAIL							
		ADD	ADDRESS: wmorrsion@shelterinsurance.com INSURER(S) AFFORDING COVERAGE NAIC #								
INSURED			INSU	JRER A		KEMI Work		AGL		IVAI	<i>U #</i>
Lynette Bartholomew				JRER B			surance Com	pany			
DBA - Key To Cleaning 132 Shannon Park				JRER C JRER D		Progressive	Ins Auto				
Nicholasville Ky 40356				JRER E							
·				JRER F							
		FICATE									
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 INSR	SUBR WVD	POLIC	/ NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	гs		
	GENERAL LIABILITY				((,22,1111)	EACH OCCURRENCE		\$	1,000,000	
	x COMMERCIAL GENERAL LIABILITY			799603		08/31/2014	DAMAGE TO RENTED PREMI (Ea occurrence)	ISES	\$		
	X COMMERCIAL GENERAL LIABILITY						(La occurrence)		Ψ		
Х	CLAIMS-MADE OCCUR				08/31/2013		MED EXP (Any one person)		\$		
							_	PERSONAL & ADV INJURY		\$	
							-	GENERAL AGGREGATE		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC				PRODUCTS-COMP/OP AGG				\$		
х	AUTOMOBILE LIABILITY						-	COMBINED SINGLE LIMIT			
	ANY AUTO ALL OWNED SCHEDULED							(Ea accident)		\$	1,000,000
	x AUTOS SCHEDOLED AUTOS			01413664-0		03/10/2014	09/10/2014	BODILY INJURY (Per person)		\$	
	NON-OWNED							BODILY INJURY (Per accident	,	\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per acc	cident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N Y/N	N/A			387850	08/29/2013	08/29/2014		OTH- ER		
х	ANY PROPRIETOR/PARTNER/EXECUTIVE			3				E.L. EACH ACCIDENT		\$	500,000
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE-EA EMPLOYEE		\$	500,000
	(Mandatory in NH) If yes, describe under							L.L. DIOLAGE-LA LIVII LOTEL		Ψ	300,000
	DESCRIPTIONS OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT		\$	500,000
DESC	 IPTION OF OPERATIONS/LOCATIONS/VEHICLES	Δttach Δ	CORD 10	1 Addi+	onal Pema	rks Schadula i	more space is	required)			
DESCI	Janitorial	Attacii A	CORD IO	i, Additi	onai iveina	irks ochedule, i	illore space is	required)			
CERTIFICATE HOLDER CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPI											
				ŀ	AUTHORIZE	D REPRESENTAT	VE				
AUTHORIZED REPRESENTATIVE											

IMPORTANT

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DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.