

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2016

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If th	SUB	ROGATION IS V	NAIVED, subject ot confer rights to	to the	e teri certif	ns and conditions of the icate holder in lieu of suc	h endo	rsement(s).		quire an endorsement. A	state	ment on	
PRODUCER							CONTACT SADIE L CAUSEY						
			Reynolds Insurance Agency, Inc. PO Box 505						PHONE (859)986-8484 FAX (A/C, No.): (859)986-4976				
		631 Chestnu	t St				E-MAIL ADDRESS: Reynoldsins@Reynoldsinsuranceagency.com						
Berea, KY 40403							INS	SURER(S) AFFOR	DING COVERAGE		NAIC#		
								INSURER A: STATE AUTO INS CO OF OHIO			11017		
INSURED OMNI COMMERCIAL, LLC						INSURER B: STATE AUTO INS CO OF OHIO				11017			
1			P O BOX 34065					Rc: Kentuck	y Associated	General Contractors Fun	d SIS	A0271	
		Lexington, KY 40588						RD:					
							INSURE	RE:					
							INSURER F:						
CO	VER/	AGES	CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN	DICA	TED. NOTWITHS	STANDING ANY REI ISSUED OR MAY F	QUIRI ERT/	EMEN NN. T	ANCE LISTED BELOW HAVE T, TERM OR CONDITION O HE INSURANCE AFFORDEL LIMITS SHOWN MAY HAVE B	F ANY (D BY TI	CONTRACT OI HE POLICIES	r other doo Described H	CUMENT WITH RESPECT T	O WHI	CHIHIS	
INSR TYPE OF INSURANCE				ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A A				Y	- NVU	PBP2774542		09/23/2016		EACH OCCURRENCE	\$	1,000,000	
	┝┻┤	CLAIMS-MADE		i .						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
	Н		V 0000.	İ					:	MED EXP (Any one person)	\$	10,000	
j l	\vdash									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN									GENERAL AGGREGATE	\$	2,000,000	
	H	POLICY PROJECT								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	\Box	OTHER:	100								\$		
		DMOBILE LIABILITY				BAP2441727		04/20/2016	04/20/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	\Box	ANY AUTO								BODILY INJURY (Per person)	\$		
	\vdash	OWNED AUTOS ONLY	SCHEDULED							BODILY (NJURY (Per accident)	\$		
		HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONET	AUTOS ONET								\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
	\Box	EXCESS LIAB	CLAIMS-MADE	1						AGGREGATE	\$		
		DED RETEN		1							\$		
C WORK		KERS COMPENSATION				022680		06/30/2016	01/01/2017	V PER OTH- STATUTE ER		···	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			 						E.L. EACH ACCIDENT	\$	4,000,000	
				N/A	1					E.L. DISEASE - EA EMPLOYEE	\$	4,000,000	
ł	If yes, describe under DESCRIPTION OF OPERATIONS below				}					E.L. DISEASE - POLICY LIMIT	\$	4,000,000	
	JEGG												
LIOB	DES	CRIPTION: RE	STROOM/CONC	ESSI	ON B	01, Additional Remarks Schedule, UILDING AT LANDSDOW SPECT TO GENERAL LIA	NE ME	RRICK					
CEI	CERTIFICATE HOLDER							CELLATION					
LFUCG 200 E 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.						
		<u> </u>			-		AUTHO	PRIZED REPRESE	antie	J. Caus	<u>U</u>	to recovered	
	© 1988-2015 ACORD CORPORATION. All/figl											ııs reserved.	