

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 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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER McGriff Insurance Services 2600 Eastpoint Parkway Louisville, KY 40223 502 489-5900 | CONTACT NAME: PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No): 8668812184 E-MAIL ADDRESS: <table border="1" style="width:100%;"> <thead> <tr> <th style="text-align:center">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align:center">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Union Fire Ins Co of Pitt. PA</td> <td style="text-align:center">19445</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co of Amer</td> <td style="text-align:center">25674</td> </tr> <tr> <td>INSURER C : Continental Insurance Company</td> <td style="text-align:center">35289</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : National Union Fire Ins Co of Pitt. PA | 19445 | INSURER B : Travelers Property Casualty Co of Amer | 25674 | INSURER C : Continental Insurance Company | 35289 | INSURER D : | | INSURER E : | | INSURER F : | |
|---|--|-------------------------------|--------|---|--------------|---|--------------|--|--------------|--------------------|--|--------------------|--|--------------------|--|
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| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |
| INSURED Knight Electric Inc P O Box 426 Russellville, KY 42276-0426 | | | | | | | | | | | | | | | |


COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|------------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <small>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</small> | | | GL4613983 | 08/01/2021 | 08/01/2022 | EACH OCCURRENCE \$2,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 |
| | | | | | | | MED EXP (Any one person) \$25,000 |
| | | | | | | | PERSONAL & ADV INJURY \$2,000,000 |
| | <small>GEN'L AGGREGATE LIMIT APPLIES PER:</small> <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <small>OTHER:</small> | | | | | | GENERAL AGGREGATE \$4,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$4,000,000 |
| | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <small>ANY AUTO OWNED AUTOS ONLY</small> <input type="checkbox"/> <small>SCHEDULED AUTOS</small> <input checked="" type="checkbox"/> <small>HIRED AUTOS ONLY</small> <input checked="" type="checkbox"/> <small>NON-OWNED AUTOS ONLY</small> | | | CA9775969 | 08/01/2021 | 08/01/2022 | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <small>DED <input checked="" type="checkbox"/> RETENTION \$10000</small> | | | ZUP61M7862A21NF | 08/01/2021 | 08/01/2022 | EACH OCCURRENCE \$5,000,000 |
| | | | | | | | AGGREGATE \$5,000,000 |
| | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <small>ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</small> Y / N <input checked="" type="checkbox"/> N N / A | | | WC011569883 | 08/01/2021 | 08/01/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| | | | | | | | \$ |
| C | Leased & Rented | | | 6046329659 | 08/01/2021 | 08/01/2022 | \$250,000 Limit \$1,000 Deductible |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Kirklevington Pickleball Court Lighting

Certificate holder is recognized as Additional Insured under General Liability coverage as respects operations of insured to which this insurance applies. Coverage will not extend to any additional insured that is not provided by the insurance policy nor that is any broader coverage than the requirement of the written contract or agreement.

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|---|---|
| CERTIFICATE HOLDER LFUCG 200 E Main St Lexington, KY 40507 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|---|

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