

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/11/2022

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 rights to the certificate holder in line of each order and confer rights.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A stateme	ent on	
this certificate does not confer rights to the certificate holder in lieu of sucl						CONTACT Kallay Thomas				
Keystone-Sills Insurance Agency, Inc.					NAME:					
					(A/C, No, Ext): (839) 270-2371 (A/C, No): (839) 244-1983					
2417 Regency Rd, Ste B						ADDRESS: 7				
Lexington KY 40503					INSURER(S) AFFORDING COVERAGE INSURER A . Owners				NAIC # 32700	
INSURED					INSURER A.				32700	
Swim Pro Services & Swim Pro Supply					INSURER B:					
628 Kennedy Rd					INSURER C:					
020 Normedy Nu					INSURER D:					
Lexington KY 40511-18				KY 40511-1819	INSURER E :					
COVERAGES CERTIFICATE NUMBER: 2021-2022						INSURER F : 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 INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER						POLICY EFF POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	2,000,000	
					12/20/2021		DAMAGE TO RENTED	· · · ·		
	CLAIMS-MADE OCCUR						12/20/2022	PREMISES (Ea occurrence) \$ `	300,000	
				50054050				WILD LAF (Ally one person) \$	10,000	
Α				52651852		12/20/2021		TEROORAL & ADVINSORTI \$	2,000,000	
	EN'L AGGREGATE LIMIT APPLIES PER:							GLINERALAGGREGATE	2,000,000	
	POLICY PRO- JECT LOC							FRODUCTS - COMF/OF AGG \$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	1 000 000	
Α	AUTOMOBILE LIABILITY						(Ea accident)	1,000,000		
	ANY AUTO OWNED SCHEDULED			5005407400		40/00/0004	40/00/0000	BODILY INJURY (Per person) \$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			5265187100		12/20/2021	12/20/2022	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$		
								(Per accident)		
							\$	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Α	UMBRELLA LIAB OCCUR			5005400700			40/00/0000	LACITOCCORRENCE	2,000,000	
	EXCESS LIAB CLAIMS-MADE		5265186700			12/20/2021	12/20/2022	AGGREGATE \$	2,000,000	
	DED RETENTION \$							\$ 1 DED OTH		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						12/20/2022	➤ PER STATUTE OTH-ER		
Α				52135558		12/20/2021		L.L. LACITACCIDENT 3	1,000,000	
								L.L. DISLAGE - LA LIVIPLOTEL \$	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)										
CERTIFICATE HOLDER CANCELLATION										
LFUCG					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	200 E. Main St				ΔΙΙΤΗΟΙ	RIZED REPRESEN	JTATIVE			
					AUTHO	KIZEU KEPKESEN				
Lexington			KY 40507			Det Some alex				