TMILLER

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/20/2020

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 lieu of such endorsement(s).

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PRODUCER	CONTACT NAME:	
Lexington (BCK) / AssuredPartners NL 2443 Sir Barton Way, Suite 400 Lexington, KY 40509	PHUNE: PHUNE: (859) 543-1716 (A/C, No, Ext): (859) 543-1716	543-1987
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Insurance of South Carolina	19259
INSURED Clark's Auto Service, Inc. Bill Clark 764 B Westland Dr Lexington, KY 40504	INSURER B: Kentucky Retail Federation	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
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 ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) POLICY NUMBER TYPE OF INSURANCE LIMITS 1,000,000 Α X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 500,000 CLAIMS-MADE X OCCUR S 1874036 10/13/2019 10/13/2020 \$ 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 3.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** \$ PRO-JECT 3,000,000 X POLICY LOC PRODUCTS - COMP/OP AGG \$ OTHER \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ S 1874036 10/13/2020 ANY AUTO 10/13/2019 BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) \$ HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY \$ 2,000,000 X UMBRELLA LIAB Χ OCCUR **EACH OCCURRENCE** \$ 10/13/2019 10/13/2020 S 1874036 2,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED **RETENTION \$** \$ OTH ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X | PER STATUTE WK-000001027-0 1/1/2020 1/1/2021 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. DISEASE - EAEMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Garage Dealers** S 1874036 10/13/2019 10/13/2020 3,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
LFUCG 250 W. Main St Lexington, KY 40503	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
	Jerry Stafford