DATE (MM/DD/YYYY)

A	CO	ROCERTIFICA	TE OF LIABILIT	Y INSUI	RANCE			
PC	Box	Gounty Farm Bureau k 663 ster, KY 40444		HOLDER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
Scott Pence dba Wood Connection PO Box 809 Nicholasville, KY 40356					INSURERS AFFORDING COVERAGE INSURER A: Kentucky Farm Bureau INSURER B: INSURER C:			
NIC	noia	asville, KY 40356		INSURER D:				
				INSURER E:		· WOOD & ENGLISHMEN		
	THE ANY MAY POL	AGES  POLICIES OF INSURANCE LISTED B REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORD CIES. AGGREGATE LIMITS SHOWN	ON OF ANY CONTRACT OR OTHER DED BY THE POLICIES DESCRIBED	DOCUMENT WITH HEREIN IS SUBJE D CLAIMS.	RESPECT TO WHI CT TO ALL THE TE	ICH THIS CERTIFICATE MA	Y BE ISSUED OR	
LTR	ADDL INSRE		POLICY NUMBER	POLICY EFFECTIVE DATE (MW/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM		
		GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000	
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$	
		CLAIMS MADE OCCUR				MED EXP (Any one person)	\$	
			S156914	06/20/2013	06/20/2014	PERSONAL & ADV INJURY	\$ 1,000,000	
		<b>_</b>				GENERAL AGGREGATE	\$ 2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000	
		AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT EA ACC	\$ \$	
					7044	OTHER THAN ————————————————————————————————————	Ψ	
		EXCESS/UMBRELLA LIABILITY	TO THE PROPERTY OF THE PROPERT			EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
			İ				\$	
		DEDUCTIBLE					\$	
		RETENTION \$					\$	
	WOR	KERS COMPENSATION AND				WC STATU- TORY LIMITS OTHER		
	EMPL	OYERS LIABILITY				E.L. EACH ACCIDENT	\$	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$	
	SPECI	describe under AL PROVISIONS below		- new-		E.L. DISEASE - POLICY LIMIT	\$	
	OTHER							
		NOF OPERATIONS / LOCATIONS / VEHICLES		T / SPECIAL PROVISIO	DN:	· · · · · · · · · · · · · · · · · · ·	*****	
CG	FB 16	i/ Hired Non-owned auto liability is	s on this policy. 1,000,000 limits					
				•				
LFUCG Contractors Registration 200 East Main Street Lexington Ky. 40507				CANCELLATION  HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION HATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL APOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR EPRESENTATIVE.				
				AUTHORIZED REPRESENTATIVE				
ACORD 25 (2001/08)				© ACORD CORPORATION 1988				

OLP-L (2-04)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/18/2014

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) CONTACT NAME: PRODUCER FAX (A/C. No): PHONE (A/C, No. Ext) E-MAIL Kentucky Farm Bureau 9201 Bunsen Parkway ADDRESS: NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: Kentucky Associated General Co KY 40250-0700 Louisville INSURED INSURER B Wood Connection, LLC. INSURER C: INSURER D : 1399 Hoover Pike INSURER E : KY 40536 Nicholasville INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:2014 COVERAGES** 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. ADDLISUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD EACH OCCURRENCE GENERAL LIABILITY DAMAGE TO RENTED
PREMISES (Fa occurrence) COMMERCIAL GENERAL LIABILITY \$ MED EXP (Any one person) CLAIMS-MADE OCCUR PERSONAL & ADV INJURY \$ 5 GENERAL AGGREGATE PRODUCTS - COMP/OP AGG s GEN'L AGGREGATE LIMIT APPLIES PER: \$ PRO-POLICY COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY BODILY INJURY (Per person)** \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) 5 AUTOS NON-OWNED PROPERTY DAMAGE \$ (Per accident) HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE s OCCUR AGGREGATE **EXCESS LIAB** CLAIMS-MADE DED RETENTION \$ OTH. WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 4,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? 12/31/2014 1/1/2014 17908 E.L. DISEASE - EA EMPLOYEE s 4,000,000 (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 4,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. LFUCG Contractors Registration 200 East Main Street **AUTHORIZED REPRESENTATIVE** Lexington, KY 40507 Suzanne Koehne/RT

ACORD 25 (2010/05)

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