

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2018

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).

PRODUCER Carroll & Stone Insurance 4384 Clearwater Way, Ste. 200 Lexington, KY 40515		CONTACT NAME:			
		PHONE (A/C, No, Ext): (859) 269-1044 FAX (A/C, No): (85		59) 276-0266	
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Motorists Mutual Insuran	14621		
INSURED		INSURER B : Motorists Mutual Ins Con	14621		
F	Fuzed Solutions, LLC 2430 Palumbo Drive, Suite 110 Lexington, KY 40509	INSURER C : Summit Consulting, Inc			
		INSURER D:			
L		INSURER E :			
		INSURER F :			

COVERAGES

CERTIFICATE 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, EVALUATIONS OF SUCH POLICIES JUMITS SHOWN MAY HAVE BEEN REDUCED BY PAULOCED AND AND CONDITIONS OF SUCH POLICIES JUMITS SHOWN MAY HAVE BEEN REDUCED BY PAULOCED BY PAULOCED

NSR	TYPE OF INSURANCE ADD	D WVD POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY	U 1110	(Milliodel 1 1 1 1 1	(MINIOD) 11117	EACH OCCURRENCE	s 2	2,000,000
	CLAIMS-MADE X OCCUR	3329276700	10/22/2017	10/22/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1	,000,000
					MED EXP (Any one person)	s	10,000
					PERSONAL & ADV INJURY	\$ 1	,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2	2,000,000
	POLICY X PRO- X LOC				PRODUCTS - COMP/OP AGG	s 2	2,000,000
	OTHER:					\$	
A	A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY			10/22/2018	COMBINED SINGLE LIMIT (Ea accident)	s 1	,000,000
		3329276700	10/22/2017		BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
					\$		
Вх	X UMBRELLA LIAB X OCCUR			7 10/22/2018	EACH OCCURRENCE	s 1	1,000,000
	EXCESS LIAB CLAIMS-MADE	3329276700	11/15/2017		AGGREGATE	s 1	1,000,000
	DED RETENTION \$					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			17 10/22/2018	X PER OTH-		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	521-10704	10/22/2017		E.L. EACH ACCIDENT	\$ 1	1,000,000
		A			E.L. DISEASE - EA EMPLOYEE	s 1	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1	,000,000
Λ	Leased & Rented Equi	3329276700 10/22/201	10/22/2018	\$1000 Ded		50,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) For all work performed

CERTIFICATE HOLDER	CANCELLATION

LFUCG 200 E. Main St 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.

AUTHORIZED REPRESENTATIVE

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