## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/22/2016

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).

t	his certificate does not confer rights	to the cer	tificate holder in lieu of s												
PRODUCER Kentucky Farm Bureau 8640 Haines Dr Florence, Ky 41042					CONTACT Tim Alexander NAME: PHONE [A/C, No, Ext):  E-MAIL ADDRESS: Tim.Alexander@kyfb.com										
											INSURER(S) AFFORDING COVERAGE NAIC #				
											INSURER A: Kentucky Farm Bureau				
					INSURED Tri-City Painting and Contracting P O Box 462 Bedford, Ky 40006					INSURER B:					
										RC:			E 17.		
INSURER D:															
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				INSURE											
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:										
II C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIBERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS						
INSR LTR	TYPE OF INSURANCE ADDL SUBR		POLICY NUMBER	POLICY EFF R (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMIT	`S							
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000	),000						
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,00	00						
							MED EXP (Any one person)	\$ 5,000							
			S0999641		06/29/2015	06/29/2016	PERSONAL & ADV INJURY	\$							
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000	0,000						
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$4,000	),000						
	OTHER:							\$							
	AUTOMOBILE LIABILITY					•	COMBINED SINGLE LIMIT (Ea accident)	\$							
	ANY AUTO						BODILY INJURY (Per person)	\$							
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$							
	HIRED NON-OWNED						PROPERTY DAMAGE	\$							
	AUTOS ONLY AUTOS ONLY						(Per accident)	s							
ille i	UMBRELLA LIAB OCCUR	r 214			1 (14.4	1,	EACH OCCURRENCE	\$	Taran Su						
	EXCESS LIAB CLAIMS-MADE			e va		7 50	AGGREGATE	\$							
	D DED D RETENTION\$						ACCINECATE	\$							
	WORKERS COMPENSATION						PER OTH- STATUTE ER	<u> </u>							
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$							
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE								
	If yes, describe under														
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$							
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACOPE	101 Additional Pamarke Schaduli	la may be	a attached if mor	a enaca je raguir	ard)								
	RTIFICATE HOLDER			CANC	ELLATION				-						
LFUCG 200 E Main Street 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										
				AUTHOR		NIATIVE			a and see						

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