**ZKBSERV-01** 

**JLINDAMOOD** 

DATE (MM/DD/YYYY)

## **CERTIFICATE OF LIABILITY INSURANCE**

7/21/2015

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

LEUGGN ASSUMED Nace Lukens Insurance Agency, Inc.  LEGISTOR (ASS) Assured Neace Lukens Insurance Agency Insurance College		ertificate holder in lieu of such endors				enaorsem	ient. A sta	tement on th	us certificate does not c	onter	rights to the	
Letingfon, ICAS J. Assured Nace Lukens Insurance Agency, Inc.  Letingfon, ICY 4089  Letingfon, ICY 4089  NSURED  ZKB Service LLC. 115 MacArthur Ct. 115 MacA	Lexington (C&S)/ Assured Neace Lukens Insurance Agency Inc						CONTACT Tracy Miller					
Lexington, KY 46693    Authorities   Lexington, KY 46693   Sanders   Law   Lexington, KY 46693   Sanders   Law   Lexington, KY 46694   Sanders   Law												
INSURER A: CONSOLIDATE INSURER PAPERS AFFORMS COMERAGE  MISSURER A: CONSOLIDATE INSURER CO  22640  MISSURER B: Peerfess Indemnity Insurance Co  18333  MISSURER B: Peerfess Indemnity Insurance Co  18332  MISSURER B: Peerfess Indemnity Insurance Co  18332  MISSURER B: Peerfess Insurance Co  18332  REVISION NUMBER:  REVISION NU	Lex	ington, KY 40509				E-MAIL ADDRESS	tracy.mi	ller@neace		1/		
MEMBERS - Pedréss Indemnity Insurance Co 18333  XIS Service LLC. 116 MacArthur Cr Nicholasville, KY 40356  CERTIFICATE NUMBER: Twin City Fire Insurance Co 29459  Micholasville, KY 40356  CERTIFICATE NUMBER: Twin City Fire Insurance Co 19172  INSURER : Neurole F: Neurole Fire Number F: Neurole Fire											NAIC#	
MISSINGER   Process Indemnity Institution Co   19353						INSURER	A : Consoli	idated Insu	rance Co		22640	
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NICHOLASVIILE, KY 40356    MISURER F.   MISU		ZKB Service LLC.									29459	
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DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  LFUCG 200 E. Main Street Lexington, KY 40504  WORKERS COMPENSATION SWORKERS CO		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
WORKERS COMPENSATION AND EMPLOYERS 'LIBRILTY OFFICERMENDER EXCUIDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  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  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
AND EMPLOYERS LIABILITY  ANY PROPRIETOR PARTMENE EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CERTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  CERTIFICATE HOLDER  CANCELLATION  CANCELLATION  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  AUTHORIZED REPRESENTATIVE										\$		
ANYPROPRIETOR/PARTNEREXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Description of Operations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  CERTIFICATE HOLDER  CANCELLATION  CANCELLATION  CANCELLATION  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  Authorized representative	С	AND EMPLOYERS' LIABILITY						11/03/2015	X PER STATUTE ER			
CERTIFICATE HOLDER   CANCELLATION		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		33WECBW6498	11/03/2014	E.L. EACH ACCIDENT		\$			
DÉSCRIPTION OF OPERATIONS JUDICATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate holder is listed as additional insured with respects to General Liability  CERTIFICATE HOLDER  CANCELLATION  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		(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,00	
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