



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2016

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 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 Triad Insurance Agency, Inc. 1216 S Broadway Lexington, Kentucky 40504	CONTACT NAME: Donna M. Honican	PHONE (A/C, No, Ext): 859-255-0806	FAX (A/C, No): 859-255-0809
	E-MAIL ADDRESS: triadinsurance@aol.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Owners Insurance Company			
INSURER B: Auto-Owners Insurance Company			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

INSURED

Refuse Parts Dapol LLC
 575 Horton Court Suite A
 Lexington, Kentucky 40511-2507

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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			48-576887-02	11/19/2016	11/19/2017	EACH OCCURRENCE \$ 2,000,000.
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.				
			MED EXP (Any one person) \$ 10,000.				
							PERSONAL & ADV INJURY \$ 2,000,000.
							GENERAL AGGREGATE \$ 4,000,000.
							PRODUCTS - COMP/OP AGG \$ 4,000,000.
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			48-576887-03	11/19/2016	11/19/2017	COMBINED SINGLE LIMIT (Ea accident) \$
			<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ 1,000,000.
							BODILY INJURY (Per accident) \$ 1,000,000.
							PROPERTY DAMAGE (Per accident) \$ 1,000,000.
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			48-576887-06	11/19/2016	11/19/2017	EACH OCCURRENCE \$ 6,000,000.
			<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 6,000,000.
			DED \$ RETENTION \$				PROD-COMP/OP AG \$ 6,000,000.
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	121714 52038058	04/06/2016	04/06/2017	WC STATUTORY LIMITS OTHER
							E.L. EACH ACCIDENT \$ 100,000.
							E.L. DISEASE - EA EMPLOYEE \$ 100,000.
							E.L. DISEASE - POLICY LIMIT \$ 500,000.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER LFUCG 200 East Main Street Lexington, Kentucky 40507	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 Donna M. Honican
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