ACORDO

MA177286000

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/2/2012

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.

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ce	e terms and conditions of the policy, ertificate holder in lieu of such endors	sementis	policies may require an e ),	noorsemen	i. Astan	tement on th	is certificate does not co	nfer ri	ghts to the	
PROC	OUCER		7	CONTACT NAME						
Con	nmercial Lines - (859) 273-6600			PHONE   FAX   [A/C, No. Ext.]:   (A/C, No. Ext.):   (A/C, No. Ext.):						
Wel	ls Fargo Insurance Services USA, inc.			[A/C, No, Exa]: (A/C, No): E-MAIL ADBRESS:						
220	Lexington Green Circle, Suite 410				}	NAIC #				
Lex	ington, KY 40503-3330			INSURER A:	<u>-</u>	24112				
MSUI				INSURER B :		25433				
	rce-Blackburn Roofing, LLC		INSURER C:							
309	Blue Sky Parkway			INSURER D :						
				INSURER E :		***************************************				
Lex	ington, KY 40509	·	INSURER F :							
			E NUMBER: 4163008	-			REVISION NUMBER: Se	e belo	N	
CE E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY P ICLUSIONS AND CONDITIONS OF SUCH	PERTAIN, POLICIES	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CO ED BY THE BEEN REDU	NTRACT POLICIE CED BY	OR OTHER E S DESCRIBEE PAID CLAIMS.	うつつ あんとりて かいてい ひこのひにか	T TO 10	ALICH TIME I	
NSR LTR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POL (MM/C	ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	····		
Α	GENERAL LIABILITY		TRA3693517	i	5/2012	01/25/2013	EACH OCCURRENCE S		1,000,000	
	X COMMERCIAL GENERAL LIABILITY					0112012010	DAMAGE TO RENTED PREMISES (Ea occurrence)	à	300,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	5	16,000	
							PERSONAL & ADV MJURY	5	1,000,000	
							GENERAL AGGREGATE	; ;	2,000,000	
1	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG   5	·	2,000,000	
A	POLICY X JECT LOC	<del></del>	TRA3693517			04/05/00040	COMBINED SINGLE UNIT			
<i>P</i> .	X ANY AUTO		1KV9099911	V1/2	:5/2012	01/25/2013	COMBINED SINGLE LIMIT (Es socident)		1,000,000	
	ALL OWNED SCHEDULED						BODILY INJURY (Per person)			
	X HIRED AUTOS X AUTOS						BODILY INJURY (Per accident) § PROPERTY DAMAGE			
ļ	HIREU AUTOS AUTOS					ļ	(Per accident)			
A	X UMBRELLA LIAB OCCUR		TRA3693517	24.0	000040	0410515040			5 202 222	
^	EXCESS LIAB CLAIMS-MADE		14V2080011	01/2	25/2012	01/25/2013	EACH OCCURRENCE S		5,000,000	
Ì	DED RETENTIONS						AGGREGATE S		0,000,000	
	WORKERS COMPENSATION			·			WC STATU- OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA				į	EL EACH ACCIDENT	· · · · · · · · · · · · · · · · · · ·		
	(Mandatory in NH)	Ne i A					EL. DISEASE - EA EMPLOYEE S			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT 9			
В	Pollution Liability		CPL0216711204	01/2	5/2012	01/25/2013	\$4,000,000 Agg/\$2,000,000 Ea. Oa			
	-									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (Attach	ACORD 101, Additional Remarks	Schedule, if mor	e space is	required)			****	
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^==	RTIFICATE HOLDER	···				<del></del>	· · · · · · · · · · · · · · · · · · ·	***************************************		
<u>ver</u>	TIFICATE HOLDER			CANCELL	ATION					
LFU	JCG		SHOULD	NY OF T	HE ABOVE DE	ESCRIBED POLICIES BE CAN	icelle	D REFORE		
200	East Main Street			THE EXP	IRATION	DATE THE	REOF, NOTICE WILL BE	DELI	VERED IN	
_e>	sington, KY 40507			ACCORDANCE WITH THE POLICY PROVISIONS.						
			AUTHORIZED REPRESENTATIVE							
			gean Sparton							
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DATE (MM/DD/YYYY) 4/2/2012

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	ficate holder in lieu of such	endors	eme	nt(s)					is certificate of		11151 1	ignes to the		
PRODUC	CER					CONTACT Wilma Devers								
	gy Insurance Agend	C			PHONE (859) 273-1549 FAX (859) 272-861						72-0075			
PO B	ox 55268				E-MAIL ADDRESS wdevers@energyinsagency.com									
						INSURER(S) AFFORDING COVERAGE						NAIC #		
Lexington KY 40555							INSURER A KY AGC/ AGC SIF							
INSURED							INSURER B :							
Pearce Blackburn Roofing LLC							INSURER C:							
309 Blue Sky Parkway							INSURER D:							
							INSURER E :							
Lexington KY 40509						INSURER F :								
COVERAGES CERTIFICATE NUMBER: 2012						REVISION NUMBER:  AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								
CER' EXC	CATED. NOTWITHSTANDING A FIFICATE MAY BE ISSUED OF LUSIONS AND CONDITIONS OF	any red R MAY F SUCH I	QUIK PERTA POLK	EMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	/ CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH	i become.	t to t	DALLIND TURE		
LTR	TYPE OF INSURANCE	ľ	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
G	ENERAL LIABILITY								EACH OCCURREN		;			
	COMMERCIAL GENERAL MABILIT	Y							DAMAGE TO RENT PREMISES (Ea oco	EU				
	CLAIMS-MADE OCCUR		ļ						MED EXP (Any one person) \$					
_								ļ	PERSONAL & ADV	INJURY S	6			
<u> </u>									GENERAL AGGRE	SATE S	)			
G	ENTL AGGREGATE LIMIT APPLIES PE	R: -							PRODUCTS - COM	PIOP AGG	1			
	POLICY PRO: Loc										ř			
A	JTOMOBILE LIABILITY	-							COMBINED SINGLE (Ea accident)		,			
-	ANY AUTO ALLOWNED SCHEDUS	FD							BODILY INJURY (P		<u> </u>			
-	AUTOS AUTOS	-							BODILY INJURY (PA		·			
_	HIRED AUTOS AUTOS	-							PROPERTY DAMAG (Per accident)					
	UMBRELLA LIAB COCC						·			- 1	<u> </u>	****		
		1							EACH OCCURREN	····				
-	1 1 25/14	IS-MADE	Î		·				AGGREGATE					
	DED RETENTIONS ORKERS COMPENSATION								X WC STATUL TORY LIMITS	loth-l				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTMER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				7364-0	A Company of the Comp	1/1/2012	12/31/2012		OTH-				
·   OF									E.L. EACH ACCIDE			4,000,000		
14.									E.L. DISEASE - FAI			4,000,000		
		The state of the s							L.E. 0130830 - #QE	JCY LIMIT   9	<del></del>	4,000,000		
												- Luciani,		
	•		j											
DESCRI	PTION OF OPERATIONS / LOCATIONS	VEHICL	E3 (A	ttach,	ACORD 101, Additional Remarks	Schedule	, if more space	s required)		<del>////</del>	***************************************			
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												VORMOPARAS		
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CERT	CERTIFICATE HOLDER							CANCELLATION						
(859)	258-3322											Antique		
									ESCRIBED POLICE					
LFUCG							ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
200 E. Main														
Lexington, KY 40507						AUTHO	RIZED REPRESE	INTATIVE				1		
											yes.			
							Wilma Devers/WILMA Celiene Devera							
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ACORD 25 (2010/05)

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