



# CERTIFICATE OF LIABILITY INSURANCE

CHRIS-4

OP ID: VT

DATE (MM/DD/YYYY)

11/16/2015

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 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).

|  |  |                                    |
|--|--|------------------------------------|
| <b>PRODUCER</b><br>Central Insurance Services<br>2400 Harrodsburg Rd<br>Lexington, KY 40503<br>Tom Francis | <b>CONTACT NAME:</b> Tom Francis                 |                                    |
|  | <b>PHONE (A/C, No, Ext):</b> 859-253-8799        | <b>FAX (A/C, No):</b> 859-277-5995 |
| <b>E-MAIL ADDRESS:</b>   |  |                                    |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b>                      |
| <b>INSURER A:</b> Liberty Mutual Insurance Co.   |  |                                    |
| <b>INSURED</b><br>Chris Weikel DBA All Pro Lawn & Landscaping<br>3088 Polo Club<br>Lexington, KY 40509     | <b>INSURER B:</b> Kentucky Employer's Mutual Ins |                                    |
|  | <b>INSURER C:</b>                                |                                    |
|  | <b>INSURER D:</b>                                |                                    |
|  | <b>INSURER E:</b>                                |                                    |
|  | <b>INSURER F:</b>                                |                                    |

**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 INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | BKS(15)55871482 | 03/22/2015              | 03/22/2016              | EACH OCCURRENCE \$ 1,000,000  |
|          |  |           |          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000                          |
|          |  |           |          |                 |                         |                         | MED EXP (Any one person) \$ 15,000  |
|          |  |           |          |                 |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |
|          |  |           |          |                 |                         |                         | GENERAL AGGREGATE \$ 2,000,000  |
|          |  |           |          |                 |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000   |
|          |  |           |          |                 |                         |                         | \$  |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS                                  |           |          | BA1045985       | 03/22/2015              | 03/22/2016              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |
|          |  |           |          |                 |                         |                         | BODILY INJURY (Per person) \$   |
|          |  |           |          |                 |                         |                         | BODILY INJURY (Per accident) \$   |
|          |  |           |          |                 |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |  |           |          |                 |                         |                         | \$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |                 |                         |                         | EACH OCCURRENCE \$  |
|          |  |           |          |                 |                         |                         | AGGREGATE \$  |
|          |  |           |          |                 |                         |                         | \$  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | 403897          | 04/07/2015              | 04/07/2016              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          |  |           |          |                 |                         |                         | E.L. EACH ACCIDENT \$ 500,000   |
|          |  |           |          |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 500,000   |
|          |  |           |          |                 |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000  |

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

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| <b>LEXING1</b><br><br>Lexington Fayette Urban County<br>sstone@lexingtonky.gov<br>fax 258-3780<br>200 E. Main St. Ste 928<br>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. |
|  | <b>AUTHORIZED REPRESENTATIVE</b><br>Tom Francis  |

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