859-887-1017 Diana

Diana STafford

ACORD

**S&TW-16** 

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OP ID: RI

DATE (MM/DD/YYYY) 04/06/2015

## CERTIFICATE OF LIABILITY INSURANCE

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 liquid such endorsements.

certificate holder in lieu of such endorsement(s).					
PRODUCER Carroll & Stone Insurance Services 4384 Clearwater Way, Suite 200 Lexington, KY 40515 David Scott Cole		CONTACT NAME: David Scott Cole			
		PHONE (AJC, No. Ext): 859-269-1044 [AJC, No.): 8	(AIC, No): 859-276-0266		
		ADDRESS: SCOTT@carrollandstone.com			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Motorists Insurance Companies	14621		
INSURED	S & T Watkins Fencing Ellis Walker 1335 South Main Street Nicholasville, KY 40356	INSURER B : Kentucky A.G.C.			
		INSURER C:			
		INSURER D:			
		INSURER E :			
		INSURER F:			
COVERAC	GES CERTIFICATE NUMBER:	RÉVISION 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.					
NSR	TYPE OF INCLEANCE ADOL SUBR	POLICY EFF POLICY EXP			

INSD WVD POLICY NUMBER (MM/DDYYYY) (MM/DDYYYYY) X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 3329793310 04/01/2015 04/01/2016 100,000 \$ 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENL AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ PRO-JECT 2,000,000 LOC POLICY PRODUCTS - COMPIOP AGG \$ Emp Ben. \$ 1,000,000 OTHER COMBINED SINGLE LIMIT (Ea acadent) AUTOMOBILE LIABILITY \$ 1.000.000 X 3329793310 04/01/2015 04/01/2016 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB 1,000,000 X OCCUR EACH OCCURRENCE EXCESS LIAB 3329793310 04/01/2015 | 04/01/2016 CLAIMS-MADE AGGREGATE 5 DED X RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY В ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 7352 01/01/2015 | 01/01/2016 4,000,000 E L EACH ACCIDENT \$ 4,000,000 (Mandatory In NH) E L DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 4,000,000 E L DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION	
LFUCG Fayette Building Inspection 101 East Vine St.#200	LFUCGHV	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Lexington, KY 40507		AUTHORIZED REPRESENTATIVE David Scott Cole	