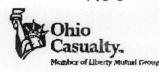
RENEWAL



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Coverage Is Provided In INDIANA INSURANCE COMPANY

Named Instured:

PILG MIM BAPTIST CHURCH

Agent:

BLUE GRASS INSURANCE AGCY INC

Agent Code: 0060512

Agent Phone: (859)-543-0050

TOTAL ACMANCE PREMIUM FOR ALL LIABILITY COVERAGE PARTS

\$

500.00 MP

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE

Each Occurrence Limit

\$ 1,000,000

De hage To Premises Rented To You Limit

\$ 100,000 Any One Premises

Melical Expense Limit

\$ 5,000 Any One Person

Personal and Advertising Injury Limit

\$ 1,000,000 Any One Person or Organization

General Adipregate Limit (Other Than Products/Completed Operations)

\$ 1,000,000

CATION OF PREMISES

Location Number

Address of All Premises You Own, Rent or Occupy

001

558, 560, 562 JEFFERSON ST.

LEXINGTON KY 40508

002

484, 488, 490 W. SIXTH ST. LEXINGTON KY 40508

003

LOT#1 & #2 ON W. FIFTH ST.

LEXINGTON KY 40508

004

LOT #1 & #2 ON BELTINE AVE

LEXINGTON KY 40508

06/30/2011

RENEWAL

P.2/3

EFFECTIVIL DATE: 08/30/2011

Prior Policy: 9225923 olicy Nimber: GL 9225923

Billing Tipe: DIRECT BILL

Coverage is Provided in INDIANA INSURANCE COMPANY

Named Insured and Mailing Address:

PILG IM BAPTIST CHURCH 541 J IFFERSON ST

LEXIGITON KY 40508

Agent:

BLUE GRASS INSURANCE AGCY INC 2560 RICHMOND ROAD SUITE 200 LEXINGTON KY 40509

Agent Code: 0060512

Agent Phone: (859)-543-0050

COMMON POLICY DECLARATIONS

In return the the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

To: 06/30/2012 at 12:01 AM Standard Time at your mailing address shown above. POLICY P性RIOD: From: 06/30/2011

FORM OF BUSINESS: NOT FOR PROFIT ORGANIZATION

BUSINES# DESCRIPTION: PROPERTY OWNER

_s policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

		PREMIUM	
nercial General Liability Coverage Part	INCLUDED		
Total Premium for all Liability Coverage Parts	\$	500.00	MP
Terrorism Risk Insurance Act of 2002 and 2005 Coverage	\$	2.00	
Total Policy Premium	\$	502,00	
KY Surcharge	\$	4.79	
KY Local Government Premium Tex			
LEXINGTON-	\$	28.29	
LEXINGTON-F	\$	0.45	
KY Local Government Premium Tax Includes a Collection Fee			
Total Cost	\$	535.54	

FORMS AND ENDORSEMENTS

9225923

Forms and Endorsements made a part of this policy at time of Issue:

Anplicable Fifths and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

_rm Number

Description

CG2170

- 0108 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

17-57 (06/14)

06/30/2011

NLVCLCAA 1405

INSURED COPY

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