



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2014

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 Garrard County Farm Bureau PO BOX 663 Lancaster, KY. 40444	CONTACT NAME: Thomas Noe PHONE (A/C, No, Ext): +1 (859) 792-2601 FAX (A/C, No): +1 (859) 792-4294 E-Mail Address:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Kentucky Farm Bureau</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Kentucky Farm Bureau		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Scott Pence dba Wood Connection PO Box 809 Nicholasville, KY 40356															

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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			S0156914	06/20/2014	06/20/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Insured has Hired Non-owned Auto endorsement at limits of \$1,000,000 per occurrence/\$2,000,000 aggregate.

CERTIFICATE HOLDER L.F.U.C.G. 200 E. Main Street Lexington, KY 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 Noe, Thomas L
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PRODUCER Kentucky Farm Bureau 9201 Bunsen Parkway Louisville KY 40250-0700	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 80%;">INSURER A: Kentucky Associated General Co</td> <td></td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Kentucky Associated General Co			INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURED Wood Connection, LLC. 1399 Hoover Pike Nicholasville KY 40536																						

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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	17908	1/1/2014	12/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 4,000,000 E.L. DISEASE - EA EMPLOYEE \$ 4,000,000 E.L. DISEASE - POLICY LIMIT \$ 4,000,000

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POLICY NUMBER 0020442319
POLICY PERIOD 7/30/14 to 1/30/15
MEMBERSHIP NUMBER 0000769847

YOUR AGENT Thomas Noe
751 Lexington Rd
P O Box 663
Lancaster KY 40444
859-792-2601
thomas.no@kyfb.com

Declaration

This Amended Declaration is effective 10/21/14 at 2:00 p.m. standard time. It, along with the forms and endorsements listed below, constitutes the entire contract.

NAMED INSURED: Pence, Scott
Pence, Linda
PO Box 809
Nicholasville, KY 40340-0809

Questions? Please call your agent for courteous and professional assistance.

Review your coverages carefully! Please read the section "You Should Review Your Coverage" at the end of this Declaration for important information.

VEHICLES

Table with 3 columns: VEHICLE DESCRIPTION, VEHICLE IDENTIFICATION NUMBER, PREMIUM. Rows include 2001 DODGE RAM, 2003 FORD EXPLORER, 2012 FORD FUSION, and 2013 KIA OPTIMA.

Policy and Endorsements

Your policy is defined by this Declaration. In addition, your policy is defined by the documents listed here. Some documents may have been included in another packet.

Personal Automobile Policy, MAP (1-08)

Taxes and Surcharges

Table with 2 columns: Description, Amount. Rows include Kentucky Premium Surcharge (\$28.64) and Total Policy Premium - all vehicles (\$1,619.94).

Total Discounts

Your total premium has been reduced \$1,107.90 for discounts shown on this Declaration.

DriveRight@ Discount - You're saving \$502.40 on this policy on certain coverages because the driver(s) qualify for the DriveRight@ Discount.

Active Property Discount - You're saving \$219.70 on your total auto policy premium for having your active property policy with us.

Multi-Vehicle Discount - You're saving \$197.80 on your total auto policy premium for having multiple vehicles insured with us.

Passive Restraint Discount - You're saving \$71.90 on Personal Injury Protection coverage premiums for qualifying driver's side and passenger's side airbags.

Anti-Lock Brake Discount - You're saving \$37.50 on Bodily Injury, Property Damage, and Collision coverage premiums for factory-installed anti-lock brakes.

Anti-Theft Device Discount - You're saving \$26.60 on Other Than Collision coverage premiums for having an anti-theft device which qualifies under Kentucky law.





Automobile Insurance



Pence, Scott

Page 2 of 4

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0020442319

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Thomas Noe
751 Lexington Rd
P O Box 663
Lancaster KY 40444
859-792-2601
thomas.noe@kyfb.com

Questions? Please call your agent for courteous and professional assistance.

Declaration - continued

Discounts - continued

Good Student Discount - You're saving \$26.70 on certain coverages because a youthful driver qualifies as a good student!

Driver's Training Discount - You're saving \$25.30 on Liability, Physical Damage, and Personal Injury Protection coverage premiums because a youthful driver has completed an approved driver's training course.



2001 DODGE RAM PKP4X44D 3B7KF23651G746508

COVERAGE	COVERAGE LIMIT	PREMIUM
Bodily Injury Liability	\$1,000,000 each person/\$1,000,000 each accident	\$73.90
Property Damage Liability	\$1,000,000 each accident	\$60.40
Auto Damage-Other than Collision	\$100 deductible	\$53.90
Transportation Expenses	\$35 daily/\$1,050 total	
Personal Injury Protection		\$23.50
Limit of Liability	\$10,000 each person/no deductible	
Work Loss, Replacement Services Loss, Survivor's Economic Loss and Survivor's Replacement Services Loss	\$200 each person, per week, subject to the limit of liability	
Funeral Expense	\$1,000 each person, subject to the limit of liability	
Total Premium - 2001 DODGE		\$211.70

Premium Discounts

DriveRight® Discount	\$92.90	Passive Restraint Discount	\$10.00
Active Property Discount	\$27.90	Anti-Lock Brake Discount	\$4.20
Multi-Vehicle Discount	\$25.10		

Additional Interests

Certificate of Liability mailed to:
Lexington-Fayette Urban County
Government
200 E Main St Ste 925
Lexington, KY 40507-1310



2003 FORD EXPLORER UTL4X44D 1FMZU74K13UA21755

COVERAGE	COVERAGE LIMIT	PREMIUM
Bodily Injury Liability	\$1,000,000 each person/\$1,000,000 each accident	\$189.10
Property Damage Liability	\$1,000,000 each accident	\$154.40
Auto Damage-Other than Collision	\$100 deductible	\$72.00
Transportation Expenses	\$35 daily/\$1,050 total	
Personal Injury Protection		\$67.40



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Declaration - continued

Limit of Liability	\$10,000 each person/no deductible
Work Loss, Replacement Services Loss, Survivor's Economic Loss and Survivor's Replacement Services Loss	\$200 each person, per week, subject to the limit of liability
Funeral Expense	\$1,000 each person, subject to the limit of liability

Total Premium - 2003 FORD \$482.90

Premium Discounts

DriveRight® Discount	\$126.10	Anti-Lock Brake Discount	\$11.80
Active Property Discount	\$71.50	Good Student Discount	\$26.70
Multi-Vehicle Discount	\$64.30	Driver's Training Discount	\$25.30
Passive Restraint Discount	\$32.00		



2012 FORD FUSION SEDAN 4D 3FADP0L34CR245056

COVERAGE	COVERAGE LIMIT	PREMIUM
Bodily Injury Liability	\$1,000,000 each person/\$1,000,000 each accident	\$67.80
Property Damage Liability	\$1,000,000 each accident	\$55.30
Auto Damage-Collision	\$500 deductible	\$141.40
Auto Damage-Other than Collision	\$500 deductible	\$47.30
Transportation Expenses	\$35 daily/\$1,050 total	
Personal Injury Protection		\$25.30
Limit of Liability	\$10,000 each person/no deductible	
Work Loss, Replacement Services Loss, Survivor's Economic Loss and Survivor's Replacement Services Loss	\$200 each person, per week, subject to the limit of liability	
Funeral Expense	\$1,000 each person, subject to the limit of liability	

Total Premium - 2012 FORD \$337.10

Premium Discounts

DriveRight® Discount	\$151.20	Passive Restraint Discount	\$10.80
Active Property Discount	\$45.30	Anti-Lock Brake Discount	\$8.20
Multi-Vehicle Discount	\$40.90	Anti-Theft Device Discount	\$11.80



2013 KIA OPTIMA SEDAN 4D 5XXGM4A7XDG123718

COVERAGE	COVERAGE LIMIT	PREMIUM
Bodily Injury Liability	\$1,000,000 each person/\$1,000,000 each accident	\$122.20
Property Damage Liability	\$1,000,000 each accident	\$90.80
Auto Damage-Collision	\$500 deductible	\$218.20



Automobile Insurance



Pence, Scott

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Declaration - continued

Auto Damage-Other than Collision	\$500 deductible	\$83.90
Transportation Expenses	\$35 daily/\$1,050 total	
Personal Injury Protection		\$44.50
Limit of Liability	\$10,000 each person/no deductible	
Work Loss, Replacement Services	\$200 each person, per week, subject to the limit of liability	
Loss, Survivor's Economic Loss and Survivor's Replacement Services Loss		
Funeral Expense	\$1,000 each person, subject to the limit of liability	
Total Premium - 2013 KIA		\$559.60

Premium Discounts

DriveRight® Discount	\$132.20	Passive Restraint Discount	\$19.10
Active Property Discount	\$75.00	Anti-Lock Brake Discount	\$13.30
Multi-Vehicle Discount	\$67.50	Anti-Theft Device Discount	\$14.80

VICE PRESIDENT, PRODUCT AND RISK MANAGEMENT

You Should Review Your Coverage

Have you reviewed all of your automobile insurance coverages and coverage limits lately? If not, it's a good idea to do it now to ensure they are keeping up with your current needs.

Make sure you have the limits you want. Depending on your current limits, you may be able to purchase additional amounts of coverage. Higher limits may be available for Bodily Injury and Property Damage Liability, Uninsured Motorists, Underinsured Motorists, and Personal Injury Protection. Call your local Kentucky Farm Bureau agent for information.