

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

CHRIS-4

OP ID: VT

DATE (MM/DD/YYYY)

11/16/2015

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). CONTACT Tom Francis PRODUCER Central Insurance Services PHONE [AIC, No, Ext]: 859-253-8799
E-MAIL ADDRESS: FAX (A/C, No): 859-277-5995 2400 Harrodsburg Rd Lexington, KY 40503 Tom Francis INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Liberty Mutual insurance Co. INSURER B: Kentucky Employer's Mutual Ins INSURFO Chris Weikel DBA All Pro Lawn 10320 & Landscaping INSURER C: 3088 Polo Club Lexington, KY 40509 INSURER D: INSURER E : INSURER F: **CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES** 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 ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR BKS(15)55871482 03/22/2015 03/22/2016 1.000,000 S 15.000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 5 2,000,000 GENERAL AGGREGATE S GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 PRO-JECT PRODUCTS - COMP/OP AGG \$ LOC POLICY \$ OTHER COMBINED SINGLÉ LIMIT (Ea scadent) 1,000,000 **AUTOMOBILE LIABILITY** BA1045985 03/22/2015 03/22/2016 **BODILY INJURY (Per person)** S ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS X BODILY INJURY (Per accident) | \$ PROPERTY DAMAGE (Per accident) X X HIRED AUTOS S S UMBRELLA LIAB S EACH OCCURRENCE OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE DED 2 RETENTIONS WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 500,000 04/07/2015 04/07/2016 403897 В E L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 500,000 (Mandatory in NH) E L DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E L DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more apace is required) CERTIFICATE HOLDER CANCELLATION LEXING1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Lexington Fayette Urban County ACCORDANCE WITH THE POLICY PROVISIONS. sstone@lexingtonky.gov

fax 258-3780

200 E. Main St. Ste 928

Lexington, KY 40507

AUTHORIZED REPRESENTATIVE

**Tom Francis** 



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/04/2016 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 CONTACT NAME: PHONE A/C, No, Ext): E-MAIL LEWIS WOLFE CRAIG & HALL INSURANCE AGENCY, INC. (502) 863-0755 158 E. MAIN STREET FAX A/C, No): (502) 863-7902 LEWISWOLFE@BELLSOUTH.NET DDRESS **PO BOX 249** INSURER(S) AFFORDING COVERAGE GEORGETOWN KY 40324 NAIC # Ohio Security Insurance Company INSURER A: 24082 INSURED INSURER B: KEMI Green Solutions Landcare, LLC 10320 INSURER C: C/O Kevin Sharp INSURER D: 2380 Walcot Way INSURER E: Lexington KY 40511 INSURER F: **COVERAGES CERTIFICATE NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD **REVISION NUMBER:** 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 ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXT POLICY NUMBER LIMITS GENERAL LIABILITY **EACH OCCURRENCE** 1.000,000 COMMERCIAL GENERAL LIABILITY \$ DAMAGE TO RENTED PREMISES (E8 occurrence 1,000,000 OCCUR S CLAIMS-MADE \$250 PROPERTY DAMAGE MED EXP (Any one person) \$ 15,000 X BKS 55 98 22 50 02/24/2016 02/24/2017 PERSONAL & ADV INJURY DEDUCTIBLE \$ 1,000,000 **GENERAL AGGREGATE** 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER 5 PRODUCTS - COMP/OP AGG 2,000,000 PROJ. 3 POLICY LOC **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) 1,000,000 s ANY ALITO ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS 5 BODILY INJURY (Per accident) HIRED AUTOS Х BAS 55 98 22 50 02/24/2016 PROPERTY DAMAGE (Per accident) 02/24/2017 \$ s UMBRELLA LIAB **OCCUR** EACH OCCURRENCE S EXCESS LIAB CLAIMS-MADE **AGGREGATE** 5 DED RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU. ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y N/A E.L. EACH ACCIDENT 396690 100,000 02/24/2016 02/24/2017 (Mandatory In NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE 100,000 E L DISEASE - POLICY LIMIT 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) LAWN CARE SERVICES WITH SMALL IRRIGATION SERVICE WORK. OWNER, KEVIN SHARP IS EXCLUDED FROM WORKERS COMPENSATION COVERAGE. \*\*\*The Insured's General Liability policy contains GL Extension Endorsement Form CG 88100413 (See page 3, Section G) and Business Auto Enhancement Endorsement Form CA 88100110 (See page 2, Section II, Number 3) which Includes Additional Insured by contract, agreement or permit. Certificate Holder is included as Additional Insured on General Liability and Auto Liability. (applies when written agreement or contract is in place) Please refer to attached endorsement forms for Additional Insured language. ksharp@greensolutionslandcare.com kthomas@lexingtonky.gov CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Lexington-Fayette Urban County Government THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Division of Risk Management ACCORDANCE WITH THE POLICY PROVISIONS. 200 East Main Street AUTHORIZED REPRESENTATIVE Lexington, KY 40507 CRAIG & HALL INSURANCE AGENCY, INC.

ACORD 25 (2010/05)

MURANCO



LANDS-2 OP ID: DW

DATE (MM/DO/YYYY)

04/06/2016

1,000,000

1.000,000

1,000,000

1,000,000

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PRODUCER	79	NAME: Joe Downs					
Kentucky Insurance Group LLC P O Box 910828 LexIngton, KY 40591-0828 Joe Downs		PHONE (A/C, No, Ext): 859-277-8877 (A/C)	AX VC, No): 859-252-5831				
		E-MAIL ADDRESS: jdowns@kentuckyinsurancegroup.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Liberty Mutual	24066				
INSURED Landscape Supply		INSURER B : Bridgefield Casualty Ins. Co.	3416 <b>9</b>				
	Judy G. Combs dba	INSURER C:	-				
2164 Mackey Pike Nicholasville, KY 4	10356	INSURER D:					
111011011011110,111		INSURER E :					
		INSURER F:					

CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES 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. ADDLISUBR LIMITS TYPE OF INSURANCE POLICY NUMBER NSD WVD 1,000,000 **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 CBP8592213 01/26/2016 01/26/2017 X 5 CLAIMS-MADE OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 **GENERAL AGGREGATE** S GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 PRODUCTS - COMP/OP AGG | \$ LOC POLICY S OTHER OMBINED SINGLE LIMIT \$ 1.000,000 AUTOMOBILE LIABILITY (Ea accident) 01/26/2016 BODILY INJURY (Per person) s Х CBP8592213 ANY AUTO SCHEDULED ALL OWNED AUTOS BODILY INJURY (Per accident) S AUTOS NON-OWNED PROPERTY DAMAGE 5 X X HIRED AUTOS AUTOS (Per accident) S 1,000,000 UMBRELLA LIAB X EACH OCCURRENCE 5 Х

01/26/2016 01/26/2017

03/31/2016

03/31/2015

CANCELLATION

**AGGREGATE** 

X STATUTE

E L EACH ACCIDENT

E L DISEASE - EA EMPLOYEE \$

E L DISEASE - POLICY LIMIT \$

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

CBP8592213

196-20147

Certificate holder is additional insured.

**EXCESS LIAB** 

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

(Mandatory in NH)

В

DED X RETENTIONS

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

OCCUR

CLAIMS-MADE

0

CERTIFICATE HOLDER		CANCELLATION
LFUCG- Division of Central Purchasing	LFUCGCP	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 E. Main St Lexington, KY 40507		JOE C. Com



DATE (MM/DD/YYYY) 3/3/2016

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 notice/(les) must be endorsed. If SURROGATION IS WAIVED, subject to

tl	ne terms and conditions of the policy, ertificate holder in lieu of such endors	certe	aln po						rights to the			
PRODUCER					CONTACT							
Greater Lexington Ins. Agency, Inc. 1066 Wellington Way					NAME: Paula York  PHONE (859) 224-2477 FAX (A/C, No):							
Le	xington KY 40513-1200				ADORE	SS:						
						INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#			
				(050) 000 0004	INSURE	RA: AGC SI	F		9005			
	JRED Gee Springs, Inc.			(859) 887-0784	INSURE	RB: Owners	Ins Co		32700			
2201	see opiings, inc.				INSURE	RC:						
13	MacArthur Ct			,	INSURE							
Ni	cholasville KY 40356				INSURER É :							
					INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: Cert ID 17	5			REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACULUSIONS AND CONDITIONS OF SUCH I	QUIRI PERTA POLIC	EMEN AIN, T CIES. L	IT, TERM OR CONDITION THE INSURANCE AFFORDS	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS			
INSR	TYPE OF INSURANCE	ADDL S INSO	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			52417390		3/1/2016	3/1/2017	DAMAGE TO RENTED	50,000			
	CDAIMS-MADE 12 OCCUR			3241/390		3/1/2010	3/1/201/	Trembed tea booking too	5,000			
	-	i										
	CENTRACCECATE LINE APPLIES PER								1,000,000			
	X POLICY PRO-								1,000,000			
	X POLICY JECT LOC							PRODUCTS - COMP/OP AGG   \$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	1,000,000			
В	ANY AUTO			4941739000		3/1/2016	3/1/2017	BODILY INJURY (Per person) \$				
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident) \$				
	X HIRED AUTOS NON-OWNED AUTOS		i					PROPERTY DAMAGE (Per accident)				
	20103							S				
В	UMBRELLA LIAB X OCCUR			4941739001		3/1/2016	3/1/2017	EACH OCCURRENCE \$	1,000,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000			
	DED X RETENTIONS 10,000							\$	1,000,000			
A	WORKERS COMPENSATION			19560		1/1/2016	1/1/2017	X PER OTH-				
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?			19300		1/1/2010	1/1/201/		4,000,000			
	(Mandatory in NH)	N/A						E L DISEASE - EA EMPLOYEE: \$	4,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E L DISEASE - POLICY LIMIT \$	4,000,000			
		i										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD 1	101, Additional Remarks Schedul	le, may b	e attached if mo	re space le requi	ed)				
							•					
						TI LATION						
UΕ	RTIFICATE HOLDER				CANC	ELLATION						
Lexington-Fayette Urban County Government					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CANCEL REOF, NOTICE WILL BE DE Y PROVISIONS.				
	vision of Central Purchasing			-	AUTHO	RIZED REPRESE	NTATIVE					
201	n reth or		Main St					AUTHORIZED REPRESENTATIVE				

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Lexington KY 40507



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OP ID: SP

DATE (MM/DD/YYYY)

03/11/2016

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(iss) 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). CMI P&C, Inc. - Berea KY 292 Glades Road Suite 5 Berea, KY 40403 CMI CONTACT CMI PHONE (AC, No. Ext): E-MAIL FAX (A/C, No): ADDRESS INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Motorists Mutual Insurance Co. 14621 Scina Lawn Care Services LLC INSURED DISURER B: 111 Pennington St Berea, KY 40403 INSURER C: INSURER D: INSURER E: INSURER F: **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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSD WVD LIMITS X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea cocurrence) 1.000,000 5 X CLAIMS-MADE 3328312060 02/26/2018 02/26/2017 OCCUR 100,000 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 GENERAL AGGREGATE POLICY 2,000.000 PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMORE FILIABILITY OMBINED SINGLE LIMIT 8 ANY AUTO BODILY INJURY (Per person) ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS BOOILY INJURY (Per excident) 5 PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB OCCUR 1.000.000 **EACH OCCURRENCE** 5 EXCESS LIAR 3328312060 02/26/2015 02/26/2016 CLAIMS-MADE 1,000,000 AGGREGATE \$ DED RETENTIONS MORKERS COMPENSATION STATUTE AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 3328312060 02/26/2018 02/26/2017 500,000 E.L. EACH ACCIDENT (Mandatory In NH) 500,000 ELL DISEASE - EA EMPLOYEE \$ yes, describe under DESCRUPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | 8 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be etlached if more space is required) CERTIFICATE HOLDER CANCELLATION **LEXIGA1** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Lexington Fayette Urban **ACCORDANCE WITH THE POLICY PROVISIONS. County Government** 

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200 East Main Street

Lexington, KY 40507

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AUTHORIZED REPRESENTATIVE

DATE (MM/DD/YYYY) 04/05/2016

E IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED CERTIFIE BELOW. REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.
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200 EAST MAIN ST **LEXINGTON KY 40507** 

AUTHORIZED REPRESENTATIVE

1 July

WRIGFAR-01

ACARTER



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2016

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PRODUCER	CÔNTÂCT NAME:	
Carroll & Stone Insurance 4384 Clearwater Way, Ste. 200 Lexington, KY 40515	PHONE (A/C, No, Ext): (859) 269-1044 FAX (A/C, No): (85 E-MAIL ADDRESS:	9) 276-0266
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Motorists Mutual Insurance Company	14621
INSURED	INSURER B : Kentucky AGC	
Wrights Farm Services Inc.	INSURER C:	
3700 River Drive	INSURER D:	
Richmond, KY 40475	INSURER E :	
	INSURER F:	
COVERACES CERTIFICATE NUMBER.	DEVICION 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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	5	1,000,000
	CLAIMS-MADE X OCCUR	3	3326346910	01/01/2016	01/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	S	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO- OTHER					PRODUCTS - COMPIOP AGG	s s	<b>2,00</b> 0,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X ANY AUTO		3326346910	01/01/2016	01/01/2017	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per acadent)	S	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						(, a. aaaaaaa,	\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	:				AGGREGATE	\$	
	DED RETENTION \$						S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	016982	01/01/2016	01/01/2017	E L EACH ACCIDENT	S	4,000,000
	(Mandatory In NH)					E L DISEASE - EA EMPLOYER	2.2	<b>4,00</b> 0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - POLICY LIMIT	s	4,000,000

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

For all work performed.

**CERTIFICATE HOLDER** 

CANCELLATION

Lexington Fayette Urban County Government Central Purchasing Kristle Thomas 200 East Main Street 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.

AUTHORIZED REPRESENTATIVE

1/11/11



DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 03/21/2016 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). CONTACT Whitaker Bk Customers PRODUCER Hobbles
Lexington Region
Whitaker Insurance Group
2311 Parls Pike, Suite 150
Lexington, KY 40505
Whitaker Bk Customers PHONE (A/C, No, Ext): 859-543-4080
E-MAIL ADDRESS: FAX (A/C, No): 859-543-4088 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Grange Property & Casualty 11982 Wright's Home Improvement INSURED INSURER B : KEMI 10320 & Mowing, LLC INSURER C: 523 Breckinridge St Lexington, KY 40508 INSURER D : INSURER E: INSURER F: **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,

		SICHS AND CONDITIONS OF SUCH	ADDL	SUBR	1					·
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			4 000 000
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR			2666925	12/18/2015	12/18/2016	PREMISES (Ea occurrence)	\$	100,000
1				-				MED EXP (Any one person)	5	5,000
								PERSONAL & ADV INJURY	\$	Included
	GEN	L AGGREGATE LIMIT APPLIES PER	1	1				GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC		ł		·		PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER							\$	
	ΑՄΙ	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X		ANY AUTO			2666925	12/18/2015	12/18/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS		1				BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS		1		İ		PROPERTY DAMAGE (Per eccadent)	\$	· · · · · ·
		76.66						,	s	
	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s	1,000,000
		EXCESS LIAB CLAIMS-MADE			2666925	12/18/2015	12/18/2016	AGGREGATE	\$	
		DED RETENTION \$							\$	
		IKERS COMPENSATION						PER OTH- STATUTE ER		_
x	ANY	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE   //N		407932	12/18/2015	12/18/2016	E.L. EACH ACCIDENT	s	1,000,000	
	(Man	idatory in NH)	N/A					E L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	1,000,000
	-									
			ŀ							
DESA	:सम	ION OF OPERATIONS / LOCATIONS / VEHIC	ES /	CORE	101 Additional Remarks Schedule	may be attached if mor	a soace la reculr	ad).	-	
				100112	Total Manager Halliette College of	may be engelied in the	o spece is requi	ou!		
CE	RTIF	ICATE HOLDER			C	ANCELLATION				

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **LFUCG Division of Central Purchasing** 200 E. Main St, Room 338 **AUTHORIZED REPRESENTATIVE** Lexington, KY 40507 Whitaker Bk Customers

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