



Kentucky Farm Bureau Mutual  
Insurance Company

Automobile Insurance



POLICY NUMBER 8608268

Page 1 of 1

# Certificate of Liability

This certificate is effective 03/29/2016 and cancels and replaces any certificate bearing the same policy number and name of insured previously issued to you.

**INSURED:**

LEXINGTON FAYETTE URBAN CO GOVERNMENT  
200 E MAIN ST SUITE 925  
LEXINGTON KY 40507-1310

JOHN SENSABAUGH  
ANGELA D SENSABAUGH  
2993 CALICO RD  
BEREA KY 40403-8833

**COVERAGE**

**COVERAGE LIMIT**

Bodily Injury Liability	\$1,000,000 each person/\$1,000,000 each accident
Property Damage Liability	\$1,000,000 each accident

**Vehicle**

2008 FORD 1FDXX46R98EE23001

In the event of any change in, or cancellation of said policy, the undersigned Company will endeavor to give 15 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the Company.

VICE PRESIDENT, PRODUCT AND RISK MANAGEMENT



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2016

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	Reynolds Insurance Agency, Inc. PO Box 505 631 Chestnut St Berea, KY 40403	CONTACT NAME: Sadie L Causey		
		PHONE (A/C, No, Ext): (859)986-8484	FAX (A/C, No): (859)986-4976	
		INSURER(S) AFFORDING COVERAGE		
INSURED	Sensabaugh Design & Construction LLC 2993 Calico Road Berea, KY 40403	INSURER A:	STATE AUTO INS CO OF OHIO	NAIC # 11017
		INSURER B:	KENTUCKY EMPLOYERS MUTUAL INS	10320
		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.

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			SPP2488756	07/13/2016	07/13/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMPIOP AGG	\$ 3,000,000
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			397472	04/04/2016	04/04/2017	<input checked="" type="checkbox"/> PER STATUTE	<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
A	LEASED OR RENTED EQUIPMENT			SPP2488756	07/13/2016	07/13/2017		\$200,000

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

LFUGG 200 E MAIN STREET LEXINGTON, KY. 40507 LISTED AS ADDITIONAL INSURED IN RESPECT TO GENERAL LIABILITY

GL POLICY INCLUDES LIMITED POLLUTION LIABILITY WITH RESPECT TO SUDDEN &amp; ACCIDENTAL DISCHARGE SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY PER FORM CG0001 VERSION 12/04

## CERTIFICATE HOLDER

LFUGG  
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