## ACORD,

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/18/2013

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 INCLIDED, the policy/ice

th	ne terms and conditions of the policy ertificate holder in lieu of such endor	. cer	tain oo	licies may require an en	dorse	es i must be e ment. A stal	endorsed. It tement on th	is certificate does not	AIVED, s confer r	ubject to ights to the	
	DUCER	JOIN	ent(3).		CONTA	ct					
Winchester Insurance Agency Inc.						NAME:					
41 South Main St.						PHONE (A/C, No, Ext): 859.744.2200 FAX (A/C, No): 859.744.2130 E-MAIL ADDRESS:					
Ρ.	O. Box 20						SURFRIS) AFFO	RDING COVERAGE		NAIC#	
Winchester, KY 40392-0020						INSURERA: Motorists Mutual					
INSURED D M H Construction Inc						INSURER B: KY ASSOC GEN CONTRACTORS					
336 Old Muddy Creek Road						INSURER C :					
Winchester, KY 40391					INSURER D :						
• • • • • • • • • • • • • • • • • • • •					INSURER E :						
						INSURER F:					
	VERAGES CEF	<b>RTIFI</b>	CATE	NUMBER: 6/18/13 L	FUCG			REVISION NUMBER:			
C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	QUIRI ERTAI POLI	EMENT N, THE CIES. L	, TERM OR CONDITION OF INSURANCE AFFORDED B	ANY C	ONTRACT OF POLICIES DE REDUCED BY	I OTHER DOC SCRIBED HER PAID CLAIMS	UMENT WITH RESPECT	TO MAJO	ытык І	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LH	MITS		
	GENERAL LIABILITY			33.287926	-90E	10/01/2012	10/01/2013	EACH OCCURRENCE	s	1,000,000	
	X COMMERCIAL GENERAL LIABILITY	ĺ						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
	CLAIMS-MADE X OCCUR	x	1					MED EXP (Any one person)	\$	5,000	
A								PERSONAL 8 ADV INJURY			
									\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G 5 5	2,000,000	
	AUTOMOBILE LIABILITY		-	33.287926	6 00E	40/04/2042	10/04/2042	COMBINED SINGLE LIMIT			
	X ANY AUTO			33.201320	1-30E	10/01/2012	10/01/2013	(Ea accident) BODILY INJURY (Per person		1,000,000	
A	ALL OWNED SCHEDULED AUTOS NON-OWNED								<u> </u>		
•								BCDILY INJURY (Per accide PROPERTY DAMAGE			
	HIRED AUTOS AUTOS							(Per accident)	\$	,,,	
	UMBRELLA LIAB X CCCUR	ļ	-	33 2000					s		
A	H CCOR			33.287926-90		E 10/01/2012	10/01/2013	EACH OCCURRENCE	s	1,000,000	
	CEAIWS-MADE							AGGREGATE	s		
	DED RETENTION \$ WORKERS COMPENSATION		<u> </u>						s		
В	AND EMPLOYERS' LIABILITY			20070-0		0-0 01/01/2013	12/31/2013	WC STATU- OT TORY LIMITS EI	H-R		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	ş	4,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOY	EE \$	4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T S	4,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach AC	ORD 101, Additional Remarks Sc	hedule,	if more space is	required)				
	RTIFICATE HOLDER			·	CANC	ELLATION					
FАX	: 859.258.3780				THE E		E THEREOF, NO	BED POLICIES BE CANCELLE TICE WILL BE DELIVERED IN IVISIONS.			
LFUCG						AUTHORIZED REPRESENTATIVE					
200 E Main St						AN HONELD REPRESENTATIVE					
	Lexington, KY 40507			1,	Chri-	Daul					
		Chris Parker									