

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2014

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

	tions of the policy, certain policies may require a endorsement(s).	an endo	rsement.	A statement on	this certificate	does not cor	fer rights to the certificate	holder in lieu of
PRODUCER				TACT				
W Lee Morrison Jr 847 Lane Allen Road Lexington Ky 40504			PHO	NAME: PHONE (A/C. No. Ext): 859-277-4313			FAX (A/C. No): 859-422-7750	
			E-MA	E-MAIL ADDRESS: wmorrsion@shelterinsurance.com				
INCURED				JRER A:	RAGE	NAIC#		
INSURED Lynette Bartholomew				JRER B:	pany			
DBA - Key To Cleaning				INSURER C: Progressive Ins Auto				
132 Shannon Park				JRER D:				
Nicholasville Ky 40356				INSURER E: INSURER F:				
COVERAGES CERTIFICATE N								
NOTW	S TO CERTIFY THAT THE POLICIES OF INSURANCE ITHSTANDING ANY REQUIREMENT, TERM OR CO ID OR MAY PERTAIN. THE INSURANCE AFFORDED POLICIES. LIMITS SHOWN MAY HAVE BEEN REDU	NDITION D BY THE	OF ANY POLICIE	CONTRACT OR O S DESCRIBED HE	THER DOCUME	NT WITH RES	PECT TO WHICH THIS CERT	TIFICATE MAY BE
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
х	GENERAL LIABILITY			799603	08/31/2014	08/31/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES	
	x COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR						(Ea occurrence)  MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$
	POLICY PROJECT LOC AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$
х	ANY AUTO						(Ea accident)	\$ 1,000,000
	x ALL OWNED SCHEDULED AUTOS			01413664-0	09/10/2014	03/10/2015	DODILY IN HIDY (Decrees)	
	X AUTOS AUTOS NON-OWNED			ann transiti			BODILY INJURY (Per person)  BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accider	nt) \$
x	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$						HOOKEONE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X TORY LIMITS ER	l-
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			387850	08/29/2014	08/29/2015	E.L. EACH ACCIDENT	\$ 500,000
				50.555			E.L. DISEASE-EA EMPLOYEE	\$ 500,000
	DESCRIPTIONS OF OPERATIONS below			<u> </u>			E.L. DISEASE-POLICY LIMIT	\$ 500,000
DESC	RIPTION OF OPERATIONS/LOCATIONS/VEHICLES Janitorial	(Attach A	ACORD 10	11, Additional Rem	arks Schedule,	if more space	ls required)	
CERT	TIFICATE HOLDER			CA	NCELLATION			
	0.50							
	LFUCG 200 W Main		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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Lexington Ky 40507

AUTHORIZED REPRESENTATIVE