

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/10/2014

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.

ti	he terms a	ınd conditio	ntificate holder hs of the policy u of such endor	, cer	tain p	DITIONAL INSURED, the policies may require an e	policy	(ies) must b ement. A sta	e endorsed. tement on th	If SUBROGAT	iON IS V oes not d	VAIVE confer	D, subject to rights to the	
PROMICED								CONTACT MARC CAMMACK						
			RC CAMMACK, AGENT ATE FARM INSURANCE					PHONE (A/C, No, Ext): 859-234-4682				FAX (A/C, No):859-977-8264		
StateFarm 930 US HWY 27 SOUTH - STE. 2						E-MAIL ADDRESS:								
CYNTHIANA KY 41031						INSURER(S) AFFORDING COVERAGE NAIC #						NAIC#		
							INSURER A:							
INSURED JERRY BACON						INSURER B :State Farm Mutual Automobile Insurance Company 26178						25178		
		279 BLACKBURN RD						INSURER C :					ļ	
		CYNTHIANA KY 41031						INSURER D:						
							INSURER E:							
COVERAGES CERTIFICATE NUMBER:								INSURER F:						
		<u> </u>					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. POLICY EFF POLICY EXP.														
LTR	 	TYPE OF INSU		INSD	WVD	POLICY NUMBER	,	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT			
	 	ERCIAL GENERAL LIABILITY								EACH OCCURRENT DAMAGE TO RENT	ED	\$		
		LAIMS-MADE {	OCCUR		['				:	PREMISES (Es occ	итепсе)	\$		
		•		ļ						MED EXP (Any one		\$		
GEN'I AGO		GREGATE LIMIT APPLIES PER:								PERSONAL & ADV				
	POLIC	990	LOC							PRODUCTS - COM		\$		
	OTHE									PRODUCTS - COM	FIOF AGG	\$		
		ILE LIABILITY				109 2083 E08 17A		11/08/2014	05/08/2015	COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
	ANY A	ANY AUTO				109 2081 E08 17B		11/08/2014	05/08/2015	BODILY INJURY (P		\$		
	ALL OWNED X SCI		SCHEDULED AUTOS			199 0413 F18 17		06/18/2014	12/18/2014	BODILY INJURY (P	er accident)	\$		
		AUTOS	NON-OWNED AUTOS		i i	189 0413 210 17		UQ/10/2014	12/10/2014	PROPERTY DAMA((Per accident)	3E	\$		
										(I or doordorn)	_,,	\$		
	UMBR	ELLA LIAB	OCCUR							EACH OCCURREN	CE	\$		
	EXCE	SS LIAB	CLAIMS-MADE							AGGREGATE		\$		
	DED	RETENTIO										\$		
		COMPENSATION YERS' LIABILIT								PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A						E.L. EACH ACCIDE	NT	\$			
				1 1					E.L. DISEASE - EA	EASE - EA EMPLOYEE \$				
DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POI	ICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
CE	RTIFICAT	E HOLDER			-		CANCELLATION							
										<u> </u>				
LFUCG 200 E MAIN ST. RM. 338 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 May- Camman						