

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/22/2014

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 conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

_	oucer,	Reynolds Insurance Agend		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No, Ext):					86-4976		
		PO Box 505 631 Chestnut St		(AC, NO, EAT): (AC, NO, EAT):							
Berea, KY 40403						: INS	URER(S) AFFOR	DING COVERAGE	×	NAIC#	
						INSURER A: STATE AUTO INS CO OF OHIO					11017
INSURED Sensabaugh Design & Construction LLC					INSURER B: KENTUCKY EMPLOYERS MUTUAL INS					10320	
		2993 Calico Road		INSURER C:							
		Berea, KY 40403				INSURER D :					Harris Carlo
						INSURER E :					
						INSURER F :					
CO	VERA	GES	CATE	NUMBER:	REVISION NUMBER:						
IN C	IDICAT	TO CERTIFY THAT THE POLITED. NOTWITHSTANDING AN ICATE MAY BE ISSUED OR INSIDES AND CONDITIONS OF S	Y REQUIR	EMEN AIN. T	IT, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY CONT BY THE PO	FRACT OR OLICIES D	OTHER DOC ESCRIBED H	UMENT WITH RESPECT T	O WHI	CH THIS
INSR		TYPE OF INSURANCE	ADD	L SUBR	3	PO	LICY EFF /DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A	GENE	GENERAL LIABILITY			SPP2488756		07/13/2014		EACH OCCURRENCE	\$	1,000,00
	1	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
	V	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	5,00
					md,				PERSONAL & ADV INJURY	\$	1,000,0
									GENERAL AGGREGATE	\$	3,000,00
	GENII	AGGREGATE LIMIT APPLIES PER:				144-90			PRODUCTS - COMP/OP AGG	\$	3,000,00
		POLICY PRO- JECT LOC					- 3444			\$	
		MOBILE LIABILITY			*				COMBINED SINGLE LIMIT (Ea accident)	s	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULE	D						BODILY INJURY (Per accident)	\$	
		AUTOS AUTOS NON-OWNE	D						PROPERTY DAMAGE (Per accident)	\$	
	7	HIRED AUTOS AUTOS							(r or accident)	\$	7 7 7 7 1 1 1 1
_		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	-								AGGREGATE	\$	
		OE) (III)	-IVIADE						//OGICEO/ITE	\$	
В		DED RETENTION \$ KERS COMPENSATION			397472	04/	/04/2014	04/04/2015	V WC STATU- TORY LIMITS OTH- ER	-	
	AND E	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDENT	\$	4,000,0
	OFFIC							E.L. DISEASE - EA EMPLOYEE		4,000,0	
	If ves								E.L. DISEASE - POLICY LIMIT	\$	4,000,0
	DÉSC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	1 0	.,,,,,,
			ĺ								
	001071	ON OF OPERATIONS / LOCATIONS / V	(EUICLES /A	ttooh A	CORD 101 Additional Remarks Sch	andula if more	snace is requ	uired)			
GEI	NERA	L LIABILITY POLICY INCLU ND CONDITIONS OF THE I	DES LIMI	TED F	POLLUTION LIABILITY WI	ITH RESPE			CCIDENTAL DISCHARGE	E SUB.	JECT TO THE
CF	RTIFI	CATE HOLDER				CANCEL	LATION				
- OL		S, E II SEDELL									
		LFUCG 200 E. Main Street				THE EX	PIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL BE Y PROVISIONS.		

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AUTHORIZED REPRESENTATIVE

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