859-219-1125 G

Glenna Bryant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/17/12

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT PRODUCER Tina Woofter PHONE (A/C, No, Ext); E-MAIL ADDRESS; FAX (A/C, No): Slade & Collins Ins. Agency, Inc. (859) 219-1121 (859) 219-1125 3320 Clays Mill Rd Ste, 109 Tina@sladeandcollins.com Lexington, KY 40503 INSURER(S) AFFORDING COVERAGE NAIC # (859) 219-1121 Phone Fax (859) 219-1125 State Auto 25127 INSURER A: Travelers 25658 INSURER B Scott Barnhill INSURER C INSURER D 2525 Evans Mill Rd. INSURER E : Lexington, KY 40515 859 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, ADDLSUBR INSR WVD TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000.00 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY 300,000.00 \$ ☐ CLAIMS-MADE 🗸 OCCUR 5,000.00 MED EXP (Any one person) BOP 2686500 Α 08/16/2012 08/16/2013 1,000,000.00 PERSONAL & ADV INJURY 2,000,000.00 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2.000.000.00 PRODUCTS - COMP/OP AGG \$ POLICY FRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB OCCUR. IP. EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION WC STATU-AND EMPLOYERS' LIABILITY XECUTIVE IEUB3B70531012 500,000.00 E.L. EACH ACCIDENT R NJA 03/14/2013 03/14/2012 500,000.00 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe unde DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 500,000.00 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN LFUCG Division of Building Inspection ACCORDANCE WITH THE POLICY PROVISIONS. 200 E. Main Street Lexington KY 40507 AUTHORIZED REPRESENTATIVE Attn: Sonya fx 859-258-3322