Client#: 1328061 **BROWNCHA43**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/06/2017

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 certificate holder in lieu of such endorsement(s).

| (0) | | | | | |
|----------------------------|--|--------------------------------|--|--|--|
| PRODUCER | CONTACT Marilyn Rasco | | | | |
| USI Insurance Services LLC | PHONE (A/C, No, Ext): 317-689-8437 | FAX (A/C, No): 765 372-5354 | | | |
| 302 East Jackson Street | E-MAIL ADDRESS: marilyn.rasco@usi.com | | | | |
| Muncie, IN 47305 | INSURER(S) AFFORDING COVERAG | GE NAIC# | | | |
| 765 372-5350 | INSURER A: Cincinnati Insurance Company | 10677 | | | |
| INSURED | INSURER B: Accident Fund Ins Company of | Am 10166 | | | |
| Browning Chapman, LLC | INSURER C: | | | | |
| 9900 Westpoint Dr. | INSURER D: | | | | |
| Suite 128 | INSURER E: | | | | |
| Indianapolis, IN 46256 | 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.

| INSR LTR | R TYPE OF INSURANCE | | í | ADDL INSR | SUBR WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | |
|-------------|---------------------|---|------------|--------------|-------------|---------------|--------------|--------------|---|-------------|
| Α | X | COMMERCIAL GENERAL LIAI | BILITY | | | EPP0171683 | 12/01/2016 | 12/01/2017 | EACH OCCURRENCE | \$1,000,000 |
| | | CLAIMS-MADE X O | CCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000 |
| | | | | | | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES | S PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | X | POLICY PRO- JECT | LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | OTHER: | | | | | | | | \$ |
| Α | AUT | OMOBILE LIABILITY | | | | EPP0171683 | 12/01/2016 | 12/01/2017 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | X | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ |
| | | AUTOS AUTO | | | | | | | , | \$ |
| | X | HIRED AUTOS X NON-C | OWNED S | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | | \$ |
| Α | X | UMBRELLA LIAB X O | CCUR | | | EPP0171683 | 12/01/2016 | 12/01/2017 | EACH OCCURRENCE | \$5,000,000 |
| | | EXCESS LIAB CI | LAIMS-MADE | | | | | | AGGREGATE | \$5,000,000 |
| | | DED RETENTION\$ | | | | | | | | \$ |
| В | | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | WCV6106400 | 12/01/2016 | 12/01/2017 | X PER OTH- STATUTE ER | |
| | ANY | PROPRIETOR/PARTNER/EXEC CER/MEMBER EXCLUDED? | | N/A | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mai | ndatory in NH) | N | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| | | s, describe under CRIPTION OF OPERATIONS be | elow | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate Holder is listed as Additional Insured with regards to the General Liability when required in a written contract per the Contractors Broadened and Automatic Addl Insured Contractors Operations Endorsements includes Automatic Additional Insured coverage, Waiver of Subrogation, Primary and Non-Contributory, conforms to CG2010 or GC2037 when required on General Liability with written contract or agreement currently in effect or which becomes effective during the policy period, and is executed prior to (See Attached Descriptions)

| CERTIFICATE HOLDER | CANCELLATION | | | |
|--|--|--|--|--|
| LFUCG 200 E Main St. 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. | | | |
| , and the second | AUTHORIZED REPRESENTATIVE | | | |
| | Idonas a Olifan | | | |

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CERTIFICATE USU DER

| the loss, Business Auto Includes Automatic Addi Insured and Walver of Subrogation with written contract or agreement, same terms as under Liability. Workers Compensation includes Blanket Walver of Subrogation with written contract or agreement. Umbrella policy follows form and provides coverage per underlying policies. | DESCRIPTIONS (Continued from Page 1) |
|--|--|
| | agreement, same terms as under Liability. Workers Compensation includes Blanket Waiver of Subrogation with |
| | written contract of agreement. Onibrena policy follows form and provides coverage per underlying policies. |
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