SWIFRO-C03

KMCCORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2022

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER	CONTACT Kirsten McCord					
Houchens Insurance Group	PHONE (A/C, No, Ext): (270) 529-1409 4339 FAX (A/C, No): (270) 843-8808					
1240 Fairway Street Bowling Green, KY 42103	E-MAIL ADDRESS: kmccord@higusa.com					
	INSURER(S) AFFORDING COVERAGE NAIC #					
	INSURER A: West Bend Mutual Insurance Company 15350					
INSURED Swift Roofing of Elizabethtown	INSURER B : Kentucky Associated General Contractors Self Insurers' Fund					
	INSURER C:					
Attn: Greg Swift PO Box 502	INSURER D:					
Elizabethtown, KY 42701	INSURER E:					
	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		TYPE OF INSURANCE ADDL SUBRINS DE POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS		S			
A	X COMMERCIAL GENERAL LIABILITY	INSD W	WD TOLIOT NOMBER	(MINI/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	A886171-1	5/1/2022	5/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					EBL AGGREGATE	\$ 1,000,000
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		A886171-1	5/1/2022	5/1/2023	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 6,000,000
	EXCESS LIAB CLAIMS-MADE		A886171-1	5/1/2022	5/1/2023	AGGREGATE	\$ 6,000,000
	DED X RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	7539-0	1/1/2022 1/	1/1/2023	E.L. EACH ACCIDENT	\$ 4,500,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Inland Marine		A866171-1	5/1/2022	5/1/2023	Leased/Rented	300,000
Α	Installation Floater		A866171-1	5/1/2022	5/1/2023	Limit	260,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LFUCG is Additional Insured regarding the General Liability as required by written contract, except as otherwise provided by the policy.

CERTIFICATE HOLDER	CANCELLATION			
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
LFUCG 200 E Main Street ∣Lexington, KY 40507	Chist Valle			