ACORD <sup>®</sup> CERTIFICATE OF LIA	BILITY	/ IN	SURA			(MM/DD/YYYY) 5/2016							
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	, EXTEND OF	R ALT RACT I	ER THE CO BETWEEN 1	VERAGE AFFORDED E	TE HO BY THI (S), AU	LDER. THIS E POLICIES UTHORIZED							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the the terms and conditions of the policy, certain policies may require an e certificate holder in lieu of such endorsement(s).													
PRODUCER	CONTACT BOL	hort	Blain										
Al Torstrick Insurance Agency Inc				FAX	(050)0	01 0450							
343 Waller Avenue	PHONE (A/C, No, Ext):	$\left( \frac{0}{1} \right)$	235-1401	AX (A/C, No):	(059)2	81-9450							
545 Waller Avenue	INSURER(S) AFFORDING COVERAGE NAIC #												
Lexington KY 40504	INSURER A :St	tate	Auto Mu	tual		25135							
INSURED	INSURER B :St	tate	Auto Pr	operty & Casualt	зy	25127							
Dave Leonard Consulting Arborist Inc.	INSURER C :KY	Y AGO	Self I	nsurer's Fund									
544 Old Frankfort Pike	INSURER D :												
	INSURER E :												
Versailles KY 40383	INSURER F :												
COVERAGES CERTIFICATE NUMBER:2015-2016				REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H		UED TO	THE INSUR		HE PO	LICY PERIOD							
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	N OF ANY CON DED BY THE P	ITRACT POLICIE	OR OTHER	DOCUMENT WITH RESPE	СТ ТО	WHICH THIS							
INSR ADDLSUBR ADDLS	POLIC	Y EFF )/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s								
GENERAL LIABILITY		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EACH OCCURRENCE	\$	1,000,000							
				DAMAGE TO RENTED	<u>э</u> \$	100,000							
A CLAIMS-MADE X OCCUR SOC7519400	4/1/20	015	4/1/2016	PREMISES (Ea occurrence)	\$	5,000							
				MED EXP (Any one person)		1,000,000							
				PERSONAL & ADV INJURY	\$								
				GENERAL AGGREGATE	\$	2,000,000							
				PRODUCTS - COMP/OP AGG	\$	2,000,000							
X POLICY PRO- JECT LOC				COMBINED SINGLE LIMIT	\$								
				(Ea accident)	\$	1,000,000							
				BODILY INJURY (Per person)	\$								
ALL OWNED SCHEDULED BAP2348163 AUTOS BAP2348163	4/1/20	015	4/1/2016	```'	\$								
X HIRED AUTOS X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$								
				PIP-Basic	\$	10,000							
X UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	4,000,000							
A EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	4,000,000							
DED RETENTION \$ SOC7519400	4/1/20	015	4/1/2016		\$								
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X WC STATU- TORY LIMITS OTH- ER									
				E.L. EACH ACCIDENT	\$	4,000,000							
(Mandatory in NH) 19870	1/1/20	016	1/1/2017	E.L. DISEASE - EA EMPLOYEE	\$	4,000,000							
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	4,000,000							
						I							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remar	ks Schedule, if mor	re space	is required)			_							
The certificate holder is considered an additional i		_		-	ity a	and auto							
liability if required by written contract per the at	tached SL1	1024	and SA30	00 endorsements.									
		TION											
		TION											
				ESCRIBED POLICIES BE C									
				EREOF, NOTICE WILL E									
LFUCG	ACCORDAN	NCE WI	TH THE POLIC	CY PROVISIONS.									
Purchasing Dept													
200 E Main St	AUTHORIZED R	EPRESE	NTATIVE										
Lexington, KY 40507	1												
	Dokont 51		סזוס	Robert,	150								
1	Robert Bl	ain/	кпр										

ACORD C	ERTIF				ANCE		ATE (MM/DD/YYYY)
HIS CERTIFICATE IS ISSUED A ERTIFICATE DOES NOT AFFIR ELOW. THIS CERTIFICATE OF	S A MATTER MATIVELY C	R OF INFORMATION ON OR NEGATIVELY AMEN E DOES NOT CONSTITU	ILY AND CONFE D, EXTEND OR A JTE A CONTRAC	RS NO RIGHTS	UPON THE CER	RTIFICA'	TE HOLDER. THIS
EPRESENTATIVE OR PRODUC IPORTANT: If the certificate h the terms and conditions of the ghts to the certificate holder in	older is an A he policy, ce	DDITIONAL INSURED, rtain policies may requ	the policy(les)	must be endorse nent. A stateme	d. If SUBROG	ATION IS ficate de	S WAIVED, subject tes not confer
ODUCER			CONTACT COL	IRTNEY ROBERTS			
Y FARM BUREAU INSURANCE COM	APANY		PHONE [A/C, No, Ext):	+1 (859) 8	173-4491	FAX (A/C, No	): +1 (859) 879-06
23 LEXINGTON RD ERSAILLES, KY 40383	11	20 20 NAC 20 20 NAC 20 NAC 20	E-Mall				
			Address:	URER(S) AFFOR		GE	NAIC #
SURED			INSURER A K	FARM BUREAU			22993
			INSURER B	Tan 11 Tee	59-11121	• • • • • •	
IAMOND POND PRODUCTS, INC	11 4 21 21		INSURER C				
400 ATHENS BOONESBORD RD EXINGTON, KY 40509	-D 8,333		INSURER D				tra de la comuni-
	n na santar Tana ang santar		INSURER E				
OVERAGES		ATE NUMBER:	INSURER F		2 A 42		
THIS IS TO CERTIFY THAT THE P INDICATED, NOTWITHSTANDING CERTIFICATE MAY BE ISSUED O EXCLUSIONS AND CONDITIONS	ANY REQUIRE R MAY PERTAI OF SUCH POLI	MENT TERM OR CONDITION IN, THE INSURANCE AFFOR ICIES LIMITS SHOWN MAY	ON OF ANY CONTR DED BY THE POLI	ACT OR OTHER DO	CUMENT WITH R	ESPECT	TO WHICH THIS
R TYPE OF INSURANCE	ADOL 5	UBR POLICY NUMBER	POLICY EFF (NIII/OD/YYYY)	POLICY EXP (MNJCD/YYYY)		LIMI	
GENERAL LIABILITY	195				EACH DCCURRENC		s 1,000,000
	, .		inter gange	max	DAMAGE TO RENTE PREMISES (Ea occu		s 3,000,000
	DCCUR				MED EXP (Any one )	persort)	s 5,000
	11 1 N.	50291982	01-02-2016	01-02-2017	PERSONAL & ADVI		5 1,000,000
				2 g	GENERAL AGGREG	ATE	5 2,000,000
	R	1996-1997 - 1997 - 1997-1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			PRODUCTS - COMP	NOP AGG	\$ 2,000,000
POLICY JECT	100	Lucisco di	Make Dikker	· · · · · · · · · · · · · · · · · · ·	COMBINED SINGLE	LIMIT	S 1 1 2 1 2 1 2 1 2
					(Ea accidenti		s
ALL OWNED SCHED	DULED				BODILY INJURY (Pe	r person)	5
AUTOS AUTOS NON-C	WINED				BODILY INJURY (Pe PROPERTY DAMAG (Per accident)		s
						_	s
			nie ale ale ale ale fui	· r na ana an an an	EACH OCCURRENC	Æ	<u>s</u>
EXCESS LIAB	S-MADE				AGGREGATE		S
							s
WORKERS COMPENSATION AND EMPLOYERS LIABILITY			1		TORY LIMITS	OTHER	
ANY PROPRIETOR/PARTNER/EXECUTIV	VE YAN				EL. EACH ACCIDEN	<u>n</u>	s
(Mandatory in NH) If yes, describe under					EL DISEASE - EA E	MPLOYEE	s
DESCRIPTION OF OPERATIONS below					EL DISEASE POL		5
				LINX NORM		1.5. L.	
SCRIPTION OF OPERATIONS / LOCATIONS /	VEHICLES (Attac	) h ACORD 101, Additional Remark		ice le required)			
ERTIFICATE HOLDER		THE	ROF, NOTICE WILL BE	OVE DESCRIBED POLICE DELIVERED IN ACCOR			
oo e main Exington, ky 40507 - Attn: Kr			URTNEY ROBERT	ATIVE S	DC		

### ACORD 25 (2010/05)

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Page 1 of 1

POLICY NUMBER 20585736

Certificate of Liability

This certificate is effective 03/16/2016 and cancels and replaces any certificate bearing the same policy number and name of insured previously issued to you.

**INSURED:** 

LEXINGTON FAYETTE COUNTY URBAN GOVERNMENT 200 EAST MAIN STREET STE 925 LEXINGTON KY 40507 REF: BID #22-2016

JOHN HADLOCK KATHY HADLOCK 4400 ATHENS BOONESBORO RD **LEXINGTON KY 40509-9488** 

COVERAGE	
Bodily Injury Liability	\$1,000,000 each person/\$1,000,000 each accident
Property Damage Liability	\$100,000 each accident

# Vehicle

#### 2001 DODGE RAM 3B7HF13Y51M578249 2004 FORD 1FTNX21P44EB09255 2014 RAM PICKUP 3C6UR5HJXEG113692

In the event of any change in, or cancellation of said policy, the undersigned Company will endeavor to give 15 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the Company.

ren I. Koch

VICE PRESIDENT PRODUCT AND RISK MANAGEMENT

CERT (4-09)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/16/2016

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endors PRODUCER	URAN URAN ID THE Is an y, cert	Y OF NCE E CEF N ADI tain p	R NEGATIVELY AMEND, DOES NOT CONSTITUT RTIFICATE HOLDER. DITIONAL INSURED, the	EXTEND OR A E A CONTRAC policy(les) must adorsement. A s	T BETWEEN T	VERAGE AFFORDED BY HE ISSUING INSURER(S If SUBROGATION IS WAI is certificate does not cor	THE POLICIES ), AUTHORIZED IVED, subject to afer rights to the
PAYCHEX INSURANCE AGENCY IN	С			PHONE   (A/C, No, Ext): (877	) 362-6785	FAX (A/C, No): (877	7) 677-0447
150 SAWGRASS DR				E-MAIL ADDRESS: payches		· · · · · ·	
ROCHESTER, NY 14620 (877) 362-6785				Apprilad. Participation	INSURER(S) AFFOI	RDING COVERAGE	NAIC #
					NGTON CASUALTY	COMPANY	1
INSURED	_			INSURER B :			
DIAMOND POND PRODUCTS INC							
4400 ATHENS BOONESBORO RD				INSURER C :		· - · · ·	
LEXINGTON, KY 40509				INSURER D :			
				INSURER E :			
				INSURER F :			1
COVERAGES CE	RTIF	CAT	E NUMBER: 046785446	5390670		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equir Per Polic	EMEN TAIN, SIES, L	IT, TERM OR CONDITION OF THE INSURANCE AFFORD	OF ANY CONTRA ED BY THE POLI EEN REDUCED BY	CT OR OTHER D	OCUMENT WITH RESPECT	TO WHICH THIS
INSR LTR TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	i
							\$
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	\$
CLAIMS-MADE OCCUR							\$
							\$
GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$
							\$
							\$
						COMBINED SINGLE LIMIT (Es accident)	s
ANY AUTO						BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)*	S
							5
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	5
EXCESS LIAB CLAIMS-MADE	Í					AGGREGATE	\$
DED RETENTION \$						:	\$
A WORKERS COMPENSATION	N/A		UB-1F583325-15	10/03/2015	10/03/2016	X PER OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE						E L EACH ACCIDENT	\$ 500,000
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E L DISEASE - EA EMPLOYEE	\$500,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - POLICY LIMIT	\$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (#	ACORD	9 101, Additional Remarks Schedul	e, may be stlached if r	nora space is require	d}	
CERTIFICATE HOLDER				CANCELLATI	ON		
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT 200 E MAIN STREET	_			SHOULD ANY THE EXPIRAT	OF THE ABOVE	DESCRIBED POLICIES BE C EREOF, NOTICE WILL B Y PROVISIONS.	
LEXINGTON, KY 40507				AUTHORIZED REPR		any g.x	twan
I				© 191	88-2014 ACOR	D CORPORATION. All	rights reserved.

ACORD 25 (2014/01)

							GLYNYOU-01		MMEAN
A	С			ICATE OF LIA			· <b>C</b>	DATE (MM	I/DD/YYYY)
					DILITTING	UKANU	, <b>C</b>	3/16/	/2016
C B	ERT ELC	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTEND OR AL	TER THE CO	OVERAGE AFFORDED	BY THE P	POLICIES
th	ne te	RTANT: If the certificate holde erms and conditions of the policy icate holder in lieu of such endor	, certain	policies may require an e					
	DUCE		sement(s)	•	CONTACT				
		on / AssuredPartners NL			NAME: PHONE (850) 4	12 1716	FAX	(859) 54	2 1007
2416	6 Šir	r Barton Way, Suite 300			PHONE (A/C, No, Ext): (859) E-MAIL ADDRESS:	943-1710	(A/C, No):	(059) 54	3-1907
Lexi	ngt	on, KY 40509							
						· · /	NDING COVERAGE	10	NAIC #
INSU							e of South Carolina ted General Contract		1259
11130		Glynn Young's Landscape a	nd Nurea	ry Contor of Kontucky		ky Associa	leu General Contracti		
		Inc		iny center of Kentucky	INSURER C :				
		150 Mill Street			INSURER D :				
		Nicholasville, KY 40356			INSURER E :				
201		RAGES CER	TIFICAT	E NUMBER:	INSURER F :		REVISION NUMBER:		
CI	ERT	ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PERTAIN	, THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED BY THE POLIC BEEN REDUCED BY	IES DESCRIB PAID CLAIMS	ED HEREIN IS SUBJECT 1	O ALL THE	
Α	X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,0
		CLAIMS-MADE X OCCUR	X	S 1970620	12/24/2015	12/24/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,0
	X	Blanket Addl Insd/WO					MED EXP (Any one person)	\$	15,0
							PERSONAL & ADV INJURY	\$	1,000,0
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,0
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,0
		OTHER:					GL ELITE PAC	\$	Incluc
	AU'	TOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,0
Α	Х	ANY AUTO	X	S 1970620	12/24/2015	12/24/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	1,000,0
Α		EXCESS LIAB CLAIMS-MADE	X	S 1970620	12/24/2015	12/24/2016	AGGREGATE	\$	1,000,0
		DED X RETENTION\$						\$	
		RKERS COMPENSATION					X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE		004141	01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	4,000,0
В		FICER/MEMBER EXCLUDED?	N/A				L.L. LACITACCIDENT	φ	4,000,0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

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\$

**MMEANS** 

1,000,000

1,000,000

2,000,000

2,000,000

Included

1,000,000

1,000,000

1,000,000

4,000,000

4,000,000

4,000,000

500,000

15.000

CERTIFICATE HOLDER	CANCELLATION
LFUCG The Division of Central Purchasing 200 E. Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE
	melvia means

(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

						TREEP-1	1	OP ID: RK
A		RTI	FICATE OF LIAB			=	DATE	(MM/DD/YYYY)
Т	HIS CERTIFICATE IS ISSUED AS A				_			3/15/2016
CI Bi	ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	TIVELY SURAN	OR NEGATIVELY AMEND, ICE DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	зү тн	IE POLICIES
th	IPORTANT: If the certificate holde le terms and conditions of the polic ertificate holder in lieu of such endo	y, certai	in policies may require an er					
PRO	DUCER	rsemen	τ(s).	CONTACT Nancy F	Pratt			
Etler	r Kettenacker Agency 45 Reed Hartman Hwy Ste 220			NAME: NANCY P PHONE (A/C, No, Ext): 513-98		FAX (A/C, No):	513-9	984-4347
Cinc	cinnati, OH 45242			E-MAIL ADDRESS: nancy@				
Herr	o Kettenacker					DING COVERAGE	-	NAIC #
				INSURER A : Motoris	sts Mutual I	nsurance Co		14621
INSU	RED Treepoint, Inc. & Landscaper's Paradise			INSURER B : Kentuc	ky AGC/SIF	1		
	PO Box 94			INSURER C :				
	Paris, KY 40361			INSURER D :				
				INSURER E :				
<u>~~</u>		סדוריס		INSURER F :				
	VERAGES CE HIS IS TO CERTIFY THAT THE POLICIE	-	ATE NUMBER:			REVISION NUMBER:		
IN CE	DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUC	REQUIRE PERTA	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SI	UBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY			(		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	3325477820	11/28/2015	11/28/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		-				MED EXP (Any one person)	\$	5,000
		_				PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$	E00.000
Α		x	3325477820	11/28/2015	11/28/2016	(Ea accident) BODILY INJURY (Per person)	э \$	500,000
~	ANY AUTO ALL OWNED X SCHEDULED	^	5525477620	11/20/2013	11/20/2010	BODILY INJURY (Per accident)		
	AUTOS AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	1,000,000
Α	EXCESS LIAB CLAIMS-MAD	E	3325477820	11/28/2015	11/28/2016	AGGREGATE	\$	1,000,000
	DED X RETENTION \$	0					\$	
	WORKERS COMPENSATION					X PER OTH- STATUTE ER		
В	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	3441-0	01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	4,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	DÉSCRIPTION OF OPERATIONS below		0005477000	44/00/0045	44/00/0040	E.L. DISEASE - POLICY LIMIT	\$	4,000,000
Α	Rented/Leased Eqt		3325477820	11/28/2015	11/28/2016	Limit		210,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEH		ORD 101 Additional Pomarka Sabadu	le may be attached if		red)		
	tificate holder listed as addition	•		ile, may be attached if mo	re space is requi	(ea)		
CER	RTIFICATE HOLDER			CANCELLATION				
			LFUCG	SANGLLATION				
	LFUCG		LFUCG		N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL   CY PROVISIONS.		
	200 E Main St Lexington, KY 40507			AUTHORIZED REPRESE				

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Δ	Ċ	ORD								PACKS-1	OP ID: KY
	_		C	ER	TIF	ICATE OF LIA	BILI		URANC		03/18/2016
C B	ERT ELO	IFICATE DOE	S NOT AFFIRMATI RTIFICATE OF INS	VEL	Y OF	R NEGATIVELY AMEND,	EXTEN	D OR ALTI	ER THE CO	UPON THE CERTIFICATE VERAGE AFFORDED BY THE ISSUING INSURER(S),	THE POLICIES
th	e te	rms and cond		cert	ain p	olicies may require an er				If SUBROGATION IS WAIN	
PRO	DUCE	R					CONTAC NAME:	John A.	Funkhouse		
129	S. F	n Pohlmann In ourth Street	surance				PHONE (A/C, No,	Ext): 859-23	6-5922	FAX (A/C, No):	
Dan Johi	ville 1 A.	, KY 40422 Funkhouser					ADDRES			sonpohlmann.com	
									. ,	RDING COVERAGE	NAIC #
INSU	RED	Pack's N	Nursery, LLC					B KY AG			
		P O Box	: 840 n City, KY 40440				INSURER	1C:			
		ounotion					INSURER	tD:			
							INSURER				
	/ER	AGES	CER	TIFI	CATE	ENUMBER:	INSURER	ι <b>Γ</b> .		REVISION NUMBER:	
IN CI	DIC/ ERTI	ATED. NOTWIT FICATE MAY B	HSTANDING ANY RE E ISSUED OR MAY	EQUIF PERT	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY ED BY T	CONTRACT	OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS
					CIES. ISUBR	LIMITS SHOWN MAY HAVE			POLICY EXP		
	Х		NSURANCE	INSD	WVD	POLICY NUMBER	(	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS EACH OCCURRENCE \$	1,000,000
<u> </u>	~	CLAIMS-MAE		x		EPP0135193		04/10/2015	04/10/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	100,000
										MED EXP (Any one person) \$	5,000
										PERSONAL & ADV INJURY \$	1,000,000
	<u> </u>	N'L AGGREGATE LI								GENERAL AGGREGATE \$	2,000,000
	Х		CT LOC							PRODUCTS- COMP/OP AGG \$	2,000,000
A	AЛ	OTHER: TOMOBILE LIABILIT	Y			EBA0135193		04/10/2015	04/10/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000
		ALL OWNED AUTOS	X SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	
	X	HIRED AUTOS	X NON-OWNED AUTOS							PROPERTY DAMAGE \$	
A	X	UMBRELLA LIAB EXCESS LIAB	X OCCUR CLAIMS-MADE	_		EPP0135193		04/10/2015	04/10/2016	EACH OCCURRENCE \$ AGGREGATE \$ \$	1,000,000
в	AND	RERS COMPENSA EMPLOYERS' LIAE PROPRIETOR/PAR CER/MEMBER EXCI	TION BILITY Y ( N	N/A		18823		01/01/2016	12/31/2016	X     PER STATUTE     OTH- ER       E.L. EACH ACCIDENT     \$	4,000,000
	(Mar	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE \$	4,000,000
		CRIPTION OF OPE	RATIONS below							E.L. DISEASE - POLICY LIMIT \$	4,000,000
				•		∣ 0101, Additional Remarks Schedul	lle, may be	attached if mor	e space is requir	ed)	
LFU Proj	CG ect	is named as 22-2016 Tre	additional insur e Installation	ed a	s res	pects to					
CEI		ICATE HOLD	FR				CANC				
						LFUCG-H					
		Governr		Cοι	ınty		THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE Y PROVISIONS.	
			i lain Street on, KY 40507					ized represe	ntative Funkho	aser	
L								© 1988	-2014 ACOR	D CORPORATION. All rig	hts reserved.

Ą	Ć	CERT	ΊFI		TE OF LIABI	LITY INS	URANC	E		(MM/DD/YYYY) 13/14/2016	
	ER ER	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMATIVE TIFICATE OF INSURANCE DOES I DUCER, AND THE CERTIFICATE HO	ely o Not	OR NE	EGATIVELY AMEND, EXTEN	ND OR ALTER TH	E COVERAGE	AFFORDED BY THE PC	DLICIES I	BELOW. THIS	
а	nd	ORTANT: If the certificate holder is conditions of the policy, certain pol eu of such endorsement(s).									
PRO	DUCE	ER				CONTACT NAME: CLIENT	T CONTACT CE	NTER			
		ATED MUTUAL INSURANCE COMP, OFFICE: P.O. BOX 328	ANY		1	PHONE (A/C, No, Ext): 888-3		FAX (A/C, No):	507-446-	4664	
		OFFICE: P.O. BOX 328 DNNA, MN 55060			Ī	E-MAIL		TER@FEDINS.COM	001 1.2	1001	
					Ī		NSURER(S) AFFOR			NAIC #	
						INSURER A: FEDER	ATED MUTUAL	LINSURANCE COMPA	ν V	13935	
INSU					379-076-3	INSURER B:					
		THIN BLOOMIN LLC ORFOLK DR				INSURER C:					
		GTON, KY 40503				INSURER D:					
						INSURER E:					
						INSURER F:					
_					NUMBER: 3			<b>REVISION NUMBER: 0</b>			
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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	MITS		
								EACH OCCURRENCE		\$1,000,000	
	х	COMMERCIAL GENERAL LIABILITY		'				DAMAGE TO RENTED PREMISES (Ea occurrence)		\$100,000	
		CLAIMS-MADE X OCCUR		'				MED EXP (Any one person)		EXCLUDED	
А			Y	Y	0758878	07/22/2015	07/22/2016	PERSONAL & ADV INJURY		\$1,000,000	
		1						GENERAL AGGREGATE		\$2,000,000	
								PRODUCTS - COMP/OP AGG	;	\$2,000,000	
			—	<u> </u> '				COMBINED SINGLE LIMIT	——		
	AL	UTOMOBILE LIABILITY						(Ea accident)			
	$\vdash$	ALL OWNED SCHEDULED						BODILY INJURY (Per person)			
		AUTOS AUTOS NON-OWNED		'				BODILY INJURY (Per acciden PROPERTY DAMAGE	,t)		
	$\vdash$	HIRED AUTOS		'				(Per accident)			
<u> </u>	┢		—	—							
	$\vdash$	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE		'				EACH OCCURRENCE			
	$\vdash$	DED RETENTION	1					AGGREGATE			
—	W	ORKERS COMPENSATION	┼──	+'	+	++			тн-		
	AN	ND EMPLOYERS' LIABILITY Y / N	4	'				TORY LIMITS E.L. EACH ACCIDENT	R		
	OF	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A	.  '				E.L. DISEASE - EA EMPLOYE			
	lfy	landatory in NH) yes, describe under									
<u> </u>		SCRIPTION OF OPERATIONS below	—	<u> </u> '	<u> </u>			E.L DISEASE - POLICY LIMIT			
				'							
DESI					Den 101 Additional Romarka Sabar						
THE OR GEN	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) IE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED - OWNERS, LESSORS CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU ENDORSEMENT FOR GENERAL LIABILITY. ENERAL LIABILITY CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SUBJECT TO THE CONDITIONS OF THE ANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY ENDORSEMENT.										
CEI	RTIF					CANCELLATION					
	9-070				3 0						
LFI 200	JCG ) E I	6-3 5 DIVISION OF BUILDING INSPECT MAIN ST GTON, KY 40507-1310	ION			THE EXPIRATION	ON DATE THE	DESCRIBED POLICIES B EREOF, NOTICE WILL CY PROVISIONS.			
					•						

AUTHORIZED REPRESENTATIVE

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# SHELTER INSURANCE COMPANIES

AUTOMOBILE EVIDENCE OF INSURANCE AS OF 03/11/2016

NAME AND ADDRESS OF NAMED INSURED: SOMETHIN BLOOMIN, INC 1855 NORFOLK DR LEXINGTON, KY 40503-1922

AGENT: GENE YOUNG INSURANCE AGCY INC 101 MALABU DR #9 LEXINGTON, KY 40503 (859) 277-4225 AGENT NUMBER 16-B615-55

## Policy Number: 16-1-5662312-3

# Effective Date: 11/06/2015, 12:01 AM Central Time Expiration Date: 05/06/2016, 12:01 AM Central Time

This policy will continue to renew as long as we offer to renew it and you pay the required premium by the due date.

THE DESCRIBED AUTOMOBILE IS A 2000 GMC SIER 1500 2W SL EXT VEHICLE IDENTIFICATION # 2GTEC19V3Y1380713

The limit of the company's liability is stated in the policy and applies as follows:

COVERAGE	BODII			D ACCIDENTAL DEATH		E NSURED FORISTS	F COLLISION	G COMPREHENSIVE	J REIMBURSEMENT FOR EMERGENCY ROAD SERVICE	
LIMIT	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT	EACH PERSON	EACH PERSON	EACH PERSON	EACH ACCIDENT		\$500	EACH DISABLEMENT
	SLL: \$1000000	SLL: \$1000000	SLL: \$1000000					DEDUCTIBLE	DEDUCTIBLE	
PREMIUM	X							Х		

DISCOUNTS REFLECTED IN THE PREMIUM: Multi-Car Discount, Safe Driver - 6 Year, Pay in Full Discount

**PREMIUM \$375.96** 

#### ADDITIONAL LISTED INSUREDS:

#### THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

- A-112-A Coverage P No-Fault Basic Reparation Benefits
- A-729-A Employer's Non-Owned Auto Liability
- A-721.3-A Single Limit of Liability
- A-150-A New Vehicle Replacement Coverage
- A-602.7-A Additional Insured(s) Under Written Lease Endorsement
- A-139-A Amendatory Endorsement Kentucky
- A-900.2-A Read Your Policy Carefully
- S-18-S Mutual Policy Notification

RATE CLASS T2N	TERRITORY 064	TERM 06 MONTHS	
COST SYMBOL 017	PACKAGE CODE 2	TIER 1000	

ADDITIONAL INSURED/LEASE FM FACILITY MAINTENANCE CO 10 COLUMBUS BLVD HARTFORD, CT 06106-1976 LOAN NO.

AGENT

						SOMET-1	OP ID: LB
Ą	CORD <sup>®</sup> CF	RTIF	CATE OF LIAB	ILITY INSU		=	DATE (MM/DD/YYYY)
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	MATTER IVELY OF SURANCE	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITU	AND CONFERS N EXTEND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICAT VERAGE AFFORDED B	Y THE POLICIES
IN tł	IPORTANT: If the certificate holder terms and conditions of the policy	is an ADI , certain p	DITIONAL INSURED, the policies may require an er				
	ertificate holder in lieu of such endor	sement(s)			nton		
102 Lex	rance Associates of KY I Majestic Dr., #330 Ington, KY 40513 Dodson			NAME: LIGA BU PHONE (A/C, No, Ext): 859-23 E-MAIL ADDRESS: Ibunton	3-1443		859-254-2370
					( )		NAIC #
	RED Somethin Bloomin, LLC				ne Kentuc	ky Workers Comp	
	Cindy England			INSURER B : INSURER C :			
	1855 Norfolk Drive Lexington, KY 40503			INSURER D :			
				INSURER E :			
				INSURER F :			
<b></b>		-	E NUMBER:			REVISION NUMBER:	
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	T TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD WVD		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$ \$
						PREMISES (Ea occurrence) MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
						,	\$
	ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	
	HIRED AUTOS					(Per accident)	\$ \$
							· · · · · · · · · · · · · · · · · · ·
						EACH OCCURRENCE	\$
	DED RETENTION \$					AGGREGATE	\$ \$
	WORKERS COMPENSATION					X PER OTH- STATUTE ER	φ
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1	136972	10/22/2015	10/22/2016	E.L. EACH ACCIDENT	\$ 2,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
L							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	le, may be attached if mo	re space is requin	ed)	
	RTIFICATE HOLDER For Information Purposes Only				N DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.	
				(Level) Jod			

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