DATE (MM/DDYYYY)

04/12/2017

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(FAX)18592363001 04/13/2017 09:50 Boyle Co Farm Bureau CERTIFICATE OF LIABILITY INSURANCE FIGATE 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(8), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(leg) 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). CONTACT WM TODD TILLER, LUTCF PHONE (A/C, No. Ext): BARAL ACORPAS: FAX (A/C, Not: +1 (659) 236-3001 448 N DANVILLE BY PASS DANVILLE KY 40422 (NSURER(S) AFFORDING COVERAGE INSURER A I INSURED PRUITT, WEOLEY & TONI INSURER B 11080 SPRINGFIELD RD INSURER C : PERRYVILLE, KY 40468-8912 INSURER D INSURER E NEURER P CERTIFICATE NUMBER: **REVISION NUMBER:** COVERAGES 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. ADDE BURN MM/DDAYTYA (MANDDAYYA) TYPE OF INSURANCE **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE OCCUR PREMISES (En pocumina) MED EXP (Any one person) U0279417 П 1-28-17 1-26-18 PERSONAL & ADVINJURY 3 GENL AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 缩 POLICY PRODUCTS - COMPANY AGG 8 OTHER DWBINED BINGLE LINE AUTOMOBILE LIABILITY . ANY AUTO **BODILY INJURY (Per person)** SCHEDULED ALITOS NON-OWNED ALITOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accidant) 8 PROPERTY DAMAGE HIRED AUTOS ONLY UMBRELLA LIAB OCCUR **EACH OCCURRENCE** BECHAS LIAB CLAIMS-MADE AGGREGATE 8 DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY MATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUPEDY (Martintory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DIBEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schadule, may be attached if more apage to required)

CANCELLATION CERTIFICATE HOLDER LEXINGTON FAYETTE URBAN COUNTY GOVERMENT SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE WM TODD TILLER, LUTCF

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(FAX)18592363001 P.002/003

CERTIFICATE OF LIABILITY INSURANCE										DATE (MM/DD/YYYY) 04/12/2017	
C B R	PICATE IS ISSUED AS A EXTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INEPRESENTATIVE OR PRODUCER, A	TVEL BURA ND T	Y OF INCE HE C	r negatively amend, : Does not constitu :ertificate holder.	EXTE TE A C	ND OR ALT	er the co Between 1	VERAGE AFFORDED I HE 198UING INGURER	8Y THE	THORIZED	
H	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjectificate does not confer rights	t to t	he te	mms and conditions of the	ne polic uch en	ty, certain po dorsement(s	olicies may i	AL INSURED provision require an endorsemen	L A si	atement on	
PRODUCER WM TODD TILLER, LUTCF 446 N DANVILLE BY PASS						EDITACT NAME: PACAME (AG. No. Evit: E-MAIL ADDRESS:  (AG. No. Evit: (AG. No. Evit					
JAN	IVILLE KY 40422				MOURE	INS	TURER(S) AFFOR	ding Coverage		NAIC II	
NSURED RUITT, WESLEY & TONI						MOURER B :					
11080 EPRINGFIELD RD						INSURER C:					
PERRYVILLE, KY 40488-8912						MSURER D:					
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CO	VERAGES CEI	TIFI	CATE	E NUMBER:	INSURE	MF:		REVISION NUMBER:			
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	<u> </u>					1424-11	1-24-10	PERSONAL & ADV INJURY	\$		
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								PRODUCTS - COMPACT AGG	6		
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	ANYPROPRIETOR/PARTNER/EXECUTIVE DFF(CER/MEMBEA)EXCLUDED? (Mandatory In NH) (Mandatory In NH) (Mandatory In NH) DESCRIPTION OF OPERATIONS below	N/A						E.L. EACH ACCIDENT	1		
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYER	7		
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EXINGTON FAYETTE URBAN COUNTY GOVERNMENT						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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