

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/01/2018

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).											
	DUCER		CONTA NAME:	CONTACT Grace Himmelright/Robin Conley							
Remco Business Products, LLC					PHONE (A/C, No, Ext): 866-368-7111 FAX (A/C, No): 866-204-2220						
5813 Monroe Street					É-MAIL ADDRESS: remcobusinessinsurance@gmail.com						
Ste 226										NAIC #	
Sylvania			OH 45360	NSURER A : Nautilus Insurance Company NSURER B : KY Associated General Contractors				17370			
INSU	INSURED										
S & D Construction Management Inc.					INSURER C : United Financial Casualty Company					11770	
252 North Upper Street Lexington KY 40507					INSURER D :						
	Lexington KT 40507		INSURER E :								
			INSURE								
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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY								; 1,00 ; 100,		
									<sub>5</sub> , 5,00		
A				NN558496		08/03/2017	08/03/2018		\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:										
	OTHER:					02/28/2018	08/28/2018	COMBINED SINGLE LIMIT & 1 00		0.000	
								COMBINED SINGLE LIMIT (Ea accident) \$ 1,000 BODILY INJURY (Per person) \$		0,000	
с	ANY AUTO ALL OWNED SCHEDULED			02643216-3				BODILY INJURY (Per accident) \$			
Ŭ	AUTOS AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR			020402100		02/20/2010		PROPERTY DAMAGE \$			
								(Per accident) \$			
								EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$							\$	6		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER 4	4,000,	000	
	AND EMPLOYERS LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				01/01/2018	12/31/2018	E.L. EACH ACCIDENT \$	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	ISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$			
A	Iland Marine NN558496				08/03/2017	08/03/2018	Scheduled Equipmen				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER						CANCELLATION					
LFUCG 200 East 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.					
					Grace Himmelright						
Lexington				KY 40507							
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