

JHIMES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/17/2018

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 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)

and continuate account come. Figure to the continuate holder in hea of a	den endercement(e).				
PRODUCER	CONTACT NAME:				
Lexington (C&S) / AssuredPartners NL 2443 Sir Barton Way, Suite 400	PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, No): (859) 5	543-1987			
Lexington, KY 40509	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Frankenmuth Mutual Insurance Company	13986			
INSURED	INSURER B: ClearPath Mutual	16273			
ZKB Service LLC.	INSURER C: Westchester Surplus Lines Insurance Company	10172			
115 MacArthur Ct	INSURER D:				
Nicholasville, KY 40356	INSURER E:				
	INSURER F:				
COVEDAGES CERTIFICATE NUMBER.	DEVISION NUMBED.				

CERTIFICATE 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,

		JSIONS AND CONDITIONS OF SUCH									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	Х	COMMERCIAL GENERAL LIABILITY	Х				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		Х	CPP6380305	12/15/2017	12/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
	X	CG2010						MED EXP (Any one person)	\$	5,000	
	X	CG2037						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
Α	AUT	OMOBILE LIABILITY	х					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	ANY AUTO		Х	BA 6380305	12/15/2017	12/15/2018	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000		
		EXCESS LIAB CLAIMS-MADE	Х	X	CPP6380305	12/15/2017	12/15/2018	AGGREGATE	\$	2,000,000	
		DED RETENTION \$							\$		
В	WOF	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		WC100-0019798	11/03/2017	11/03/2018	E.L. EACH ACCIDENT	\$	2,000,000	
		CER/MEMBER EXCLUDED?	II, 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	
С	Pol	lution Liability	X		G27526962	11/06/2017	11/06/2018			1,000,000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is listed as Additional Insured with respect to General Liability including ongoing operations, Auto Liability and Umbrella Liability. The policy is Primary and Non Contributory to all other insurance of LFUCG. LFUCG shall be provided 30 day advance written notice via certified mail, return receipt requested in the event any of the required policies are cancelled or non-renewed. A separate pollution policy is provided.

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.			
Edwington, Kt. 40007	AUTHORIZED REPRESENTATIVE			
	Jerr Stafford			