

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2018

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).											
PRODUCER					CONTACT NAME: Sentry Customer Service						
Sentry Insurance Company					NAME: Sentry Customer Service PHONE FAX (A/C, No, Ext): 800-473-6879 (A/C, No, Ext): 800-514-7191						
1800 North Point Drive Stevens Point, WI 54481					EMAIL ADDRESS: businessproducts_direct@sentry.com						
					INSURER(S) AFFORDING COVERAGE NA						
					INSURER A : SENTRY INSURANCE A MUTUAL COMPANY						
INSU					INSURER B :						
DELL ROMAINE COMPANIES INC DBA ROMAINE COMPANIES					INSURER C :						
1720 E 9TH ST HOPKINSVILLE, KY 42240					INSURER D : INSURER E :						
						RER F :					
COVERAGES CERTIFICATE NUMBER: 0014)14	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT O CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIL							NTRACT OR C	OTHER DOCUMENT WITH RESPECT TO WHICH THIS ESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.			
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD POLIC	CY NUM	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	X COMMERCIAL GENERAL LIABILITY								\$ 1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000		
									\$ 15,000		
А			25-48599-		3	11/25/2017	11/25/2018	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	X ANY AUTO								\$		
А	ALL OWNED SCHEDULED AUTOS AUTOS	HIRED ALITOS NON-OWNED		25-48599-03		11/25/2017	11/25/2018		\$		
								PROPERTY DAMAGE (Per accident)	\$		
									\$		
	X UMBRELLA LIAB X OCCUR					11/25/2017	11/25/2018	EACH OCCURRENCE	\$ 1,000,000		
A	X EXCESS LIAB CLAIMS-MADE		25-4	48599-0	3			AGGREGATE	\$ 1,000,000		
	DED RETENTION \$								\$ 1,000,000		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER			
А			25-4	48599-0	04	11/25/2017	11/25/2018	E.L. EACH ACCIDENT	\$ 500,000		
	(Mandatory in NH) If yes, describe under								\$ 500,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEI	ICLES	(ACORD 101, A	ddition	al Ren	narks Schedule, ma	ay be attached if r	nore space is required)			
-											
COUN	IGTON-FAYETTE URBAN ITY GOVERNMENT				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
DIVISION OF RISK MANAGEMENT 200 EAST MAIN ST						ACCORDANCE WITH THE POLICY PROVISIONS.					
LEXI	IGTON, KY 40507				AUTHORIZED REPRESENTATIVE						
					John Hyland						
								e.			
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ACORD		AGENCY CUSTOMER ID: LOC #: MARKS SCHEDULE	Page _2 of _2_
AGENCY		NAMED INSURED	
Sentry Insurance Company		DELL ROMAINE COMPANIES INC	
POLICY NUMBER		DBA ROMAINE COMPANIES	
25-48599-03			
CARRIER	NAIC CODE	7	
		EFFECTIVE DATE: 11/25/2017	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A S	CHEDULE TO ACORD FORM,		

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance