FUELBAN-01

CERTIFICATE OF LIABILITY INSURANCE

CWELCH

DATE (MM/DD/YYYY) 11/20/2018

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 have ADDITIONAL INSURED provisions or be endorsed.

t	his certificate does not confer rights	to the ce	rtificate holder in lieu of	ns of the policy, certain policies may require an endorsement. A statement on of such endorsement(s). CONTACT NAME:				
	rroll & Stone Insurance			PHONE (A/C, No, Ext): (859) 269-1044 FAX (A/C, No): (859) 276-0266				
Lex	34 Clearwater Way, Ste. 200 kington, KY 40515			E-MAIL ADDRESS:				
				INSURER(S) AFFORDING COVERAGE NAIC #				
				INSURER A : EMC I				21415
INS	URED			INSURER B : KEMI				10320
	Fuel Band LLC			INSURER C:				10320
	2000 Hartford Court			INSURER D :				
	Lexington, KY			INSURER E :				
				INSURER F :				
CC	OVERAGES CEI	RTIFICAT	E NUMBER:			REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREN / PERTAIN	MENT, TERM OR CONDIT L THE INSURANCE AFFO	ION OF ANY CONTRA	ACT OR OTHE	R DOCUMENT WITH RESP.	FCT T	O WHICH THIS
INSF		ADDL SUB INSD WVI	POLICY NUMBER		POLICY EXP		TE	
A	X COMMERCIAL GENERAL LIABILITY			(MM/DD/TTTT	[MM/DD/YYYY]	11		1,000,000
	CLAIMS-MADE X OCCUR		5D16889	07/31/2018	07/31/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)		300,000
			725(1)	0.70172011			\$	5,000
		1 1				MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1 -				GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC OTHER General Aggregate					PRODUCTS - COMP/OP AGG	\$	2,000,000
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		5E16889	07/31/2018	07/31/2019	BODILY INJURY (Per person)		,,,,,,,,,,
	OWNED SCHEDULED AUTOS ONLY		5-1000				\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
A	X UMBRELLA LIAB X OCCUR					EAGU GOOLIDDENIGE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		5J16889	09/04/2018	07/31/2019	AGGREGATE	\$	5,000,000
	DED X RETENTION\$					AGGREGATE	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				10/20/2019	X PER OTH-	\$	
		i	400854	10/20/2018		E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
						ELE DIGEAGE - FOLICI ENVIII	Ф	
Jani	cription of operations / Locations / Vehic ne Housing Unit project stion - Byrd - Thurman Drive, Lexington		D 101, Additional Remarks Sche	dule, may be attached if mo	re space is requir	ed)		
CEF	RTIFICATE 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.				
	Lexington, KY 40507			Jeffry a. Si	NTATIVE			

ACORD