

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/28/2018

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. 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).

this certificate does not confer rights to	tne cert	ificate noider in fieu of st					
PRODUCER			NAME: Telesarkency				
State Farm Gina Hopper State Farm			[(A/C, No, Ext): [(A/C, No):				
115 N Locust Hill Dr Ste		E-MAIL ADDRESS: teresa@ginahopper.com					
Lexington, KY 40509			INS	NAIC#			
			INSURER A: State Farm Fire and Casualty Company			25143	
INSURED	INSURER B: State Farm Mutual Automobile Insurance Company 25178						
SB Electric Inc	INSURER C:						
614 E Main St			INSURER D:				
Georgetown, KY 40324			INSURER E :				
			INSURER F:				
COVERAGES CER	TIFICATE	E NUMBER:	1 1100112111		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT OED BY THE POLICIE	TOR OTHER ES DESCRIBE	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS	
	ADDL SUBR		POLICY EFF	POLICY EXP	LIMITS		
INSR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE \$ 1,00	0,000	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100	000	
					MED EXP (Any one person) \$ 10,0	00	
A		97CFZ0726	08/17/2018	08/17/2019	PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,00		
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 2,00	0,000	
OTHER:					\$		
AUTOMOBILE LIABILITY		328 5466-A30-17	07/30/2018	01/30/2019	COMBINED SINGLE LIMIT \$ 1,00 (Ea accident) \$ 1,00 (BODILY INJURY (Per person) \$	0,000	
ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS					PROPERTY DAMAGE \$		
HIRED NON-OWNED AUTOS ONLY					(Per accident)		
					\$	2 202	
UMBRELLA LIAB OCCUR			44/00/0040	44,00,0040	EACH OCCURRENCE \$ 1,00		
A EXCESS LIAB CLAIMS-MADE		97CHA9113	11/28/2018	11/28/2019	AGGREGATE \$ 1,00	0,000	
DED RETENTIONS					\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Electrician	LES (ACOR	D 101, Additional Remarks Sched	ule, may be attached if mo	re space is requi	red)		
CERTIFICATE HOLDER	CANCELLATION						
Lexington Fayette Urban Cot	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
200 E Main St Lexington, KY 40507			AUTHORIZED REPRESENTATIVE				
			Lenera Kelley				
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PRODUCER

Gina Hopper 115 N Locust Hill Dr Ste 107 Lexington KY 40509 859-268-6998 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

POLICYHOLDER

Sb Electric Inc 614 E Main St Georgetown, KY 40324

INSURER AFFORDING COVERAGE

Kentucky Employers Mutual Insurance Lexington Financial Center 250 West Main Street, Suite 900 Lexington, KY 40507 (859) 425-7800 Fax (859) 425-7822

COVERAGE

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE POLICYHOLDER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENTS, TERMS OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY LISTED BELOW IS SUBJECT TO ALL OF THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
WORKERS COMPENSATION	419738	2/21/2018	2/21/2019	WC STATUTORY LIMITS		
AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$100,000	
				EL DISEASE- POLICY LIMIT	\$500,000	
				EL DISEASE-EA EMPLOYEE	\$100,000	
CERTIFICATE HOLDER			CANCELLATION			
Sb Electric Inc 614 E Main St Georgetown, KY 40324 859-268-6998			SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE KEMI WILL NOT PROVIDE WRITTEN NOTICE TO THE CERTIFICATE HOLDER. THIS CERTIFICATE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY OF ANY KIND UPON KEMI OR ITS REPRESENTATIVES.			