	Clie	nt#: 10045	594		66REMCOM				
A	CORD <sub>™</sub> CER	<b>FIFIC</b>	ATE OF LIAB	ILITY INSU	JRANC	<b>E</b>		м/DD/YYYY) <b>/2019</b>	
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 any rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER CONTACT NAME:									
McGriff Insurance Services				PHONE (A/C, No, Ext): 859 224-8899 FAX (A/C, No): 866643				132260	
	V Vine Street, Suite 300	E-MAIL ADDRESS:							
Lexington, KY 40507				INSURER(S) AFFORDING COVERAGE				NAIC #	
859 224-8899				мооныка:				20141	
INSURED REM Company, Inc. dba Articlean				INSURER B : Bridgefield Casualty Insurance Company				10335	
P O Box 455				INSURER C :					
Versailles, KY 40383-0455				INSURER D :					
COVE	RAGES CE	INSURER F : REVISION NUMBER:							
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 SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	l	IMITS		
A	X COMMERCIAL GENERAL LIABILITY		CPP100034916	12/15/2018	12/15/2019	EACH OCCURRENCE		0,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence	s <b>100</b> ,	000	
		_				MED EXP (Any one person	) \$ <b>5,00</b>	0	
		_			-	PERSONAL & ADV INJUR	Y \$ <b>1,00</b>	0,000	
G	EN'L AGGREGATE LIMIT APPLIES PER:				-	GENERAL AGGREGATE		0,000	
	POLICY JECT LOC				-	PRODUCTS - COMP/OP A		0,000	
	OTHER:						\$		
<u> </u>			CA100008883	12/15/2018	12/15/2019	COMBINED SINGLE LIMIT (Ea accident)		0,000	
	ANY AUTO					BODILY INJURY (Per perso			
	AUTOS ONLY AUTOS				-	BODILY INJURY (Per accid PROPERTY DAMAGE	lent) \$ \$		
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$		
A	X UMBRELLA LIAB X OCCUR		UMB100020519	12/15/2018	12/15/2010	EACH OCCURRENCE		0.000	
^ <del> </del>	EXCESS LIAB CLAIMS-MA		OWB100020319	12/15/2010	12/13/2019	AGGREGATE		0,000 0,000	
	DED X RETENTION \$0					AGOREGATE	\$0,00	0,000	
	ORKERS COMPENSATION		19642133	12/15/2018	12/15/2019	X PER DE	DTH- ER		
	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$500,	000	
(N	landatory in NH)	N/A				E.L. DISEASE - EA EMPLO	YEE \$500,	000	
	yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LI	міт \$ <b>500,</b>	000	
AA	uto Hired Phys.		CA100008883	12/15/2018	12/15/2019	\$100,000 Limit			
D	amage					\$1,000 Collision			
						\$100 Compreher	nsive		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
** Workers Comp Information ** Other States Coverage									
Proprietors/Partners/Executive Officers/Members Excluded:									
	Moore, Owner								
Re: Replacement of Commercial Washers & Dryers for Community Corrections									
GERI				CANCELLATION	CANCELLATION				
Lexington -Fayette Urban County Government				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. Central	ļ							
Purchasing RM 338				AUTHORIZED REPRESENTATIVE					

Til

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Lexington, KY 40507

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