

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2020

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 no	gnts to the certificate holder in	i lieu of Such	endorsement(s).	
PRODUCER			CONTACT NAME: Carole Showalter	
Smith-Feike-Minton Inc.			(A/C, NO, EXT): (A/C, NO):	83-3877
4605 Duke Drive, Suite 105			E-MAIL carole@sfminsurance.com	
			INSURER(S) AFFORDING COVERAGE	NAIC #
Mason	OH 4	5040	INSURER A: Cincinnati Insurance Co.	10677
INSURED			INSURER B: Cincinnati Indemnity Co.	23280
Bobcat Enterprises, Inc.			INSURER C:	
13117 Middletown Indus	trial Blvd		INSURER D:	
			INSURER E :	
Louisville	KY 40	0233	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	All Lines Kentu	cky 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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:	INSD	WVD	EPP 0381306	05/01/2019	05/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
А	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY \$2500 Comp \$2500 Coll			EPP 0381306	05/01/2019	05/01/2022	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ 1,000,000
Α	WIMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ 0			EPP 0381306	05/01/2019	05/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		EWC 038358804	05/01/2020	05/01/2021	National Statute
А	Inventory - \$2,500 deductible			EPP 0381306	05/01/2019	05/01/2022	\$27,866,558 Dealer's Equip \$300,000 Leased/Rented

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Lexington-Fayette Urban County Government, Division of Risk Management.

Coverage is Primary/Non-Contributory. Waiver of Subrogation applies.

CERTIFICATE HOLDER		CANCELLATION		
Lexington-Fayette Urban County Goverment		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Division of Risk Management		AUTHORIZED REPRESENTATIVE		
200 East Main St		AOTHORIZED NEI NEGENIANE		
Lexington	KY 40507	Carale Showalter		
		O JOSE SOLE AGODD CODDOD ATION AND LEE		

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CERTIFICATE UOI DER

GENCY CUSTOMER ID:	0002385
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EENCY CUSTOMER ID: 00023852

LOC #:

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ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Smith-Feike-Minton Inc.	Bobcat Enterprises, Inc.	
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

POLICY NUMBER							
CARRIER	NAIC CODE						
		EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance							
Thirry (30) Days Notice of Cancellation will be given except in the event of non-payment of premium.							

ACORD 101 (2008/01)

Additional Named Insureds Other Named Insureds BEI MT Orab LLC Additional Insured BEI Properties LLC Additional Insured Trapp Enterprises LLC Other, Additional Insured

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