ATOMLINSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/22/2020

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

	nis certificate does not confer rights to DUCER	o the	cert	ificate holder in lieu of su	CONTA		•				
NFP P&C Services - Lexington 4384 Clearwater Way, Ste. 200 Lexington, KY 40515						PHONE (A/C, No, Ext): (859) 269-1044 FAX (A/C, No): (859) 276-0266					
						E-MAIL ADDRESS:					
_OX.	9.0, 1 100.10				ADDRE		LIRER(S) AFFO	RDING COVERAGE			NAIC #
					INICIIDE	RA: EMC Ins	•				21415
INSURED Image360 Lexington dba						INSURER B : Bridgefield Casualty Ins Co					21410
						INSURER C:					
dba Image 360 Lexington					INSURER D :						
	365 Southland Drive Lexington, KY 40503			INSURE							
Loxington, ICL 10000						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XULUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE UBJECT T	CT TO O ALI	O WHICH THIS
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY					6/11/2020	6/11/2021	DAMAGE TO RENT		\$	500,000
	CLAIMS-MADE X OCCUR	X		2D30256				DAMAGE TO RENT PREMISES (Ea occ	urrence)	\$	10,000
								MED EXP (Any one		\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000
	POLICY PRO- LOC OTHER: General Aggregate							PRODUCTS - COM	P/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	ANY AUTO			2E30256		6/11/2020	6/11/2021	BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
										\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	CE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE			2J30256		6/11/2020	6/11/2021	AGGREGATE		\$	
	DED X RETENTION \$ 0									\$	1,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		521-08791		6/11/2020	6/11/2021	E.L. EACH ACCIDE	NT	\$	500,000
		,						E.L. DISEASE - EA	EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		\$	500,000
Α	Equipment Floater			2C30256		6/11/2020	6/11/2021	Deductible 2,5	00		100,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC all work performed.	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
LFU	CG is listed as an additional insured										
CF	RTIFICATE HOLDER				CANO	CELLATION					
					J.3.11						
								ESCRIBED POLIC			
LFUCG Div of Building Inspection						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

ACORD 25 (2016/03)

220 W. Main, Ste 1800 Lexington, KY 40202

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AUTHORIZED REPRESENTATIVE