

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/02/2020

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 rights to the certificate holder in lieu of such endorsement(s).												
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Marsh USA Inc.							NAME:           PHONE (A/C, No, Ext):         (A/C, No):					
Three James Center 1051 East Cary Street, Suite 900 Richmond, VA 23219							(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
Attn: AdvanceStores.CertRequest@marsh.com							INSURER(S) AFFORDING COVERAGE					
CN103091922GAWC-20-21							INSURER A : ACE American Insurance Company				22667	
Advance Stores Company, Incorporated							INSURER B: See Additional Page					
2635 E. Millbrook Road							INSURER C:					
Raleigh, NC 27604							INSURER D:					
							INSURER E :					
Ļ						INSURER F:						
					NUMBER:		-006635076-01		REVISION NUMBER:		IOV DEDICE	
IN C	NDIC.	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	OT TO	WHICH THIS	
		JSIONS AND CONDITIONS OF SUCH				BEEN R	POLICY EFF	PAID CLAIMS. POLICY EXP				
INSR LTR			INSD	SUBR WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3		
A	X	COMMERCIAL GENERAL LIABILITY			XSLG71571336		06/01/2020	06/01/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,500,000	
	L.,	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,500,000	
	X	Self-Insured Retention 500,000							MED EXP (Any one person)	\$	4.500.000	
									PERSONAL & ADV INJURY	\$	1,500,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,500,000	
L.		OTHER:			10.41105007475		0./ 10.4 10.000		COMPINIED CINICI E LIMIT	\$		
A		TOMOBILE LIABILITY			ISAH25296175		06/01/2020	06/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000	
	Х	ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	Х	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$					0.104.1000			\$		
В		RKERS COMPENSATION EMPLOYERS' LIABILITY			SEE ADDITIONAL PAGE		06/01/2020	06/01/2021	X PER X OTH- STATUTE X OTH- ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	(Mai	ndatory in NH)	,,						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If ye DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (4	CORD	101. Additional Remarks Schedu	le. mav he	attached if mor	e space is require	 ed)			
		DN-FAYETTE URBAN COUNTY GOVERNMEN	•						•	RAL LIAE	BILITY AND	
		BILE LIABILITY. THIS INSURANCE IS PRIMAR'				STING INS	SURANCE AND L	IMITED TO LIABI	LITY ARISING OUT OF THE OPE	RATION:	S OF THE	
NAM	MED IN	ISURED SUBJECT TO POLICY TERMS AND C	ONDI	TIONS								
OFFICIAL HOLDER							CANCELLATION					
CE	KIII	FICATE HOLDER			CANCELLATION							
	2	exington-Fayette Urban County Government 100 East Main Street exington, KY 40507				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE of Marsh USA Inc.						

AGENCY CUSTOMER ID: CN103091922

Loc #: Richmond



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

		T				
AGENCY Marsh USA Inc.	NAMED INSURED  Advance Stores Company, Incorporated 2635 E. Millbrook Road					
POLICY NUMBER		Raleigh, NC 27604				
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

Workers' Compensation Policies:

Policy Number: WLRC66922315 (AOS)

Carrier: Indemnity Insurance Company of North America (NAIC 43575)

Effective Date: 06/01/2020 Expiration Date: 06/01/2021

Policy Number: SCFC66922352 (WI)

Carrier: ACE Fire Underwriters Ins. Co. (NAIC 20702)

Effective Date: 06/01/2020 Expiration Date: 06/01/2021

Policy Number: WLRC66922273 (AZ, MA)

Carrier: ACE American Insurance Company (NAIC 22667)

Effective Date: 06/01/2020 Expiration Date: 06/01/2021

Policy Number: WCUC66922236 (CA, FL, GA, NC, PA, VA) Carrier: ACE American Insurance Company (NAIC 22667)

Effective Date: 06/01/2020 Expiration Date: 06/01/2021

SIR: \$750,000

Policy Number: WCUC6692239A (OH)

Carrier: ACE American Insurance Company (NAIC 22667)

Effective Date: 06/01/2020 Expiration Date: 06/01/2021

SIR: \$500,000