

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2021

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).

PRODUCER	CONTACT NAME:					
Energy Insurance Agency, Inc. P O Box 55268	PHONE (A/C, No, Ext): (859) 273-1549 FAX (A/C, No): (859)	272-0075				
Lexington, KY 40555	E-MAIL ADDRESS: eia@energyinsagency.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Employers Mutual Casualty Company, EMC	21415				
INSURED  Brandstetter Carroll, Inc. 2360 Chauvin Drive Lexington, KY 40517	INSURER B: Everest National Insurance Co.	10120				
	INSURER C:					
	INSURER D:					
	INSURER E:					
	INSURER F:					

## 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		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s					
Α	X COMMERCIAL GENERAL LIABILITY	1			4/23/2021	4/23/2022	EACH OCCURRENCE	\$	1,000,000				
	CLAIMS-MADE X OCCUR		х				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000				
	χ Bikt Addi Insured		1				MED EXP (Any one person)	s	10,000				
	χ Blkt Waiver of Subro						PERSONAL & ADV INJURY	s	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000				
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000				
	OTHER:							\$					
Α	AUTOMOBILE LIABILITY			χ 5E85769-22	4/23/2021	4/23/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
	X ANY AUTO	Х	X				BODILY INJURY (Per person)	\$					
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$					
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$					
	X Bikt Addi Insured X Bikt Waiver of Subro											100	\$
Α	X UMBRELLA LIAB X OCCUR			5J85769-22	4/23/2021	4/23/2022	EACH OCCURRENCE	\$	5,000,000				
	EXCESS LIAB CLAIMS-MADE	X	X				AGGREGATE	\$	5,000,000				
	DED X RETENTION\$ 0							s					
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-						
	ANY PROPRIETOR EXAMENTS:  ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			5H85769-22	4/23/2021	4/23/2022	E.L. EACH ACCIDENT	\$	1,000,000				
							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	1,000,000				
	Ohio Stop Gap			5W85769-22	4/23/2021	4/23/2022	Employers Liability		1,000,000				
В	Prof Liab \$50K Ret			PL5E000337-201	11/27/2020	11/27/2021	\$2,000,000 aggregate		2,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The following applies to the Workers' Compensation coverage under Item 3.C. Other States insurance: All States not shown in 3.A. except AK, CA, HI, LA, ME, NY, NH, ND, OH, RI,
VT, WA, WY.

The certificate holder has been designated as an additional insured with respect to the general liability and auto liability ATIMA and granted a waiver of subrogation as required by written contract. The umbrella is follow form.

CERTIFICATE HOLDER	CANCELLATION
LFUCG 200 E. Main St. Lexington, KY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
40507	Englisher