

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/08/2021

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									NAME: Jennifer Hunt					
Hunt Insurance Agency								PHONE (A/C, No, Ext): (859)792-1295 FAX (A/C, No):						
73 Public Square								E-MAIL ADDRESS: jhunt@hia-ky.com						
Lancaster, KY 40444								INSURER(S) AFFORDING COVERAGE					NAIC#	
								INSURER A: Westbend						
INSURED									INSURER B: KYAGC/SIF					
Red River Ranch LLC														
					-			INSURER C: Westchester Surplus Lines						
1499 Maple St								INSURER D:						
Stanton, KY 40380-2078									INSURER E :					
								INSURER F:						
COVERAGES CERTIFICATE NUMBER: 00036434-269433 REVISION NUMBER: 21														
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	NSR TYPE OF INSURANCE				ADDL SUBR INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
A	Х	COMMERCIAL GEN			Y	1140	A919654-0		05/01/2021	05/01/2022	EACH OCCURRENCE	\$	1,000,000	
^		CLAIMS-MADE OCCUR			•		A313004 0		00/01/2021	00/01/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
l											MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$	2,000,000		
	X	POLICY PRO- JECT LOC									PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:										\$		
Α	AUT	TOMOBILE LIABILITY					A919654-0		05/01/2021	05/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	ANY AUTO	ANY AUTO								BODILY INJURY (Per person)	\$		
	X	OWNED AUTOS ONLY X SCHEDULED AUTOS								BODILY INJURY (Per accident)	\$			
	X		X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLT		AUTOS ONLY						(Fer accident)	\$			
A X		UMBRELLA LIAB X OCCUR					A919654-0		05/01/2021	05/01/2022	EACH OCCURRENCE	\$	6,000,000	
		EXCESS LIAB CLAIMS-MADE			A919034-0		03/01/2021	03/01/2022		\$	6,000,000			
			UTIO								AGGREGATE	\$	0,000,000	
	WOR	DED RETENTION \$ ERS COMPENSATION				020540-24			04/04/2024	04/04/2022	X PER OTH- STATUTE ER	Þ		
В	AND EMPLOYERS' LIABILITY Y/N					020548-21		01/01/2021	01/01/2022	· · · · · · · · · · · · · · · · · · ·		4 500 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$	4,500,000			
	(Mandatory in NH) If yes, describe under										E.L. DISEASE - EA EMPLOYEE	\$	4,500,000	
DÉSCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT	\$	4,500,000		
С	Pollution Liability						G28246705		10/13/2020	10/13/2021	Pollution Lia		1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
					he (	€ene	ral Liability and Auto	Liabilit	ty policy, o	n a primary	and non-contributor	y bas	sis. 30	
days notice of cancellation applies.														
<u>_</u>	D.T.I.	10 A TE 1101 SE	_					CANCELLATION						
CERTIFICATE HOLDER									ELLATION				1	
								eno	III D ANV OF .	THE ABOVE D	ESCUIBED DOI ICIES DE C	۸۸۱۲۳۰	I ED BEFORE	
I								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
LFUCG								ACCORDANCE WITH THE POLICY PROVISIONS.						
200 E Main St														
Lexington, KY 40507								AUTHORIZED REPRESENTATIVE						