

CERTIFICATE OF LIABILITY INSURANCE

ASHLEYK

09/10/2018

SALESQU-01

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).

PRO	DUCER				ONTACT IAME:						
Logan Lavelle Hunt 11420 Bluegrass Pkwy Louisville, KY 40299									(502)	499-6947	
_0u	13VIIIC, ICT 40293			L.F.			DING COVER AGE			NAIG #	
					INSURER(S) AFFORDING COVERAGE			mnony		NAIC #	
					INSURER A: Middlesex Mutual Assurance company					14532	
INSU	IRED	INSURER B : Great American Insurance 16691					16691				
	Salem Square Condominium	INSURER C:									
521 Zorn Place Louisville, KY 40206					INSURER D:						
	Louisville, KT 40200	INSURER E :									
		II	INSURER F:								
CO	VERAGES CER	TIFIC	CATE	E NUMBER:			REVISION NUM	BER:			
IN Cl	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORDE	OF ANY CONTRACT	CT OR OTHER	R DOCUMENT WIT	H RESPE	CT TC	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL INSD			POLICY EFF	POLICY EXP		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD		(WIW/DD/TTTT)	(MIN/DD/TTTT)	EACH OCCUPRENC		s	1,000,000	
-	CLAIMS-MADE X OCCUR			WA020021599400	09/06/2018	09/06/2019	DAMAGE TO RENTE	D	_	300,000	
	GEAINIO-INIADE X COOCK			WA020021399400	09/00/2018	09/00/2019	PREMISES (Ea occu	,	\$	5,000	
							MED EXP (Any one person)		\$	2,000,000	
							PERSONAL & ADV INJURY		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		\$, ,	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		\$	2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY				09/06/2018	09/06/2019	COMBINED SINGLE (Ea accident)	LIMII	\$	1,000,000	
	ANY AUTO			WA020021599400			BODILY INJURY (Per person) \$		\$		
	OWNED SCHEDULED AUTOS								\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	E	\$		
	NOTOG SINET						,		\$		
В	X UMBRELLA LIAB X OCCUR	UM30143211			09/06/2018	09/06/2019	EACH OCCURRENC	_	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			UM30143211					\$	5,000,000	
	DED RETENTION \$						AGGREGATE		Ť	, ,	
							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						STATUTE	ĒR			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT		\$		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE S		\$		
_	DÉSCRIPTION OF OPERATIONS below			NA 000004 F00 400	00/00/0040	00/00/0040	E.L. DISEASE - POLI		\$	250,000	
Α	Crime (5/86)			WA020021599400	09/06/2018	09/06/2019	Employee Dish	onesty		250,000	
	RTIFICATE HOLDER Salem Square Condominiun 521 Zorn Ave				CANCELLATION SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	THE ABOVE D	ESCRIBED POLICI EREOF, NOTICE				
Louisville, KY 40206											