



WHITNEYM

9/5/2019

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 Logan Lavelle Hunt 11420 Bluegrass Pkwy Louisville, KY 40299	<table border="1"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>(502) 657-2400</td> </tr> <tr> <td>FAX (A/C, No):</td> <td>(502) 499-6947</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: info@LLHins.com</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2">NAIC #</td> </tr> <tr> <td>INSURER A :</td> <td>Middlesex Mutual Assurance company</td> </tr> <tr> <td>INSURER B :</td> <td>Great American Insurance</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	(502) 657-2400	FAX (A/C, No):	(502) 499-6947	E-MAIL ADDRESS: info@LLHins.com		INSURER(S) AFFORDING COVERAGE		NAIC #		INSURER A :	Middlesex Mutual Assurance company	INSURER B :	Great American Insurance	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED <div> Salem Square Condominium Assoc 521 Zorn Place Louisville, KY 40206 </div>	<table border="1"> <tr> <td>INSURER A :</td> <td>Middlesex Mutual Assurance company</td> <td>14532</td> </tr> <tr> <td>INSURER B :</td> <td>Great American Insurance</td> <td>16691</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER A :	Middlesex Mutual Assurance company	14532	INSURER B :	Great American Insurance	16691	INSURER C :			INSURER D :			INSURER E :			INSURER F :								
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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 LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY				WA020021599400	9/6/2019	9/6/2020	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	X	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 300,000		
					MED EXP (Any one person)				\$ 5,000		
					PERSONAL & ADV INJURY				\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE				\$ 2,000,000		
		POLICY		PRO-JECT					LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:									\$
B	X	AUTOMOBILE LIABILITY				UM30143211	9/6/2019	9/6/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO OWNED AUTOS ONLY		SCHEDULED AUTOS	BODILY INJURY (Per person)				\$		
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)				\$		
					PROPERTY DAMAGE (Per accident)				\$		
									\$		
									\$		
B	X	UMBRELLA LIAB		X	OCCUR	UM30143211	9/6/2019	9/6/2020	EACH OCCURRENCE	\$ 5,000,000	
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE	\$	
		DED		RETENTION \$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N / A						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N								E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$	
									E.L. DISEASE - POLICY LIMIT	\$	
A	Crime (5/86)					WA020021599400	9/6/2019	9/6/2020	Employee Dishonesty	250,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CANCELLATION

<p>Salem Square Condominium Association 521 Zorn Ave Louisville, KY 40206</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE </p>



STATEMENT OF VALUES

WHITNEYM

DATE (MM/DD/YYYY)

09/04/2019

AGENCY	PHONE (A/C, No, Ext): (502) 657-2400 FAX (A/C, No): (502) 499-6947	COMPANY Middlesex Mutual Assurance company	NAIC CODE: 14532	PAGE 1 OF 2
Logan Lavelle Hunt 11420 Bluegrass Pkwy Louisville, KY 40299		INSURED / APPLICANT Salem Square Condominium Assoc	POLICY NUMBER WA020021599400	EFFECTIVE DATE 09/06/2019
CODE: SUBCODE: AGENCY CUSTOMER ID SALESQU-01		HEADQUARTERS ADDRESS		
		COINS % APPLICABLE CAUSES OF LOSS		
		EARTHQUAKE COV		
		FLOOD		
		SPRINKLER LEAKAGE EXCL		
		VANDALISM EXCL		
		SPECIFIC AVERAGE RATE REQUESTED		
		BLANKET RATE REQUESTED		
APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)				

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC ₁	SUBJECT ₂	100% VALUES	RATE OR LOSS COST ₃	PREMIUM
	1	1	DESC: A 1-16 ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$1,652,633.00		
	1	2	DESC: B 1-8 ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$1,911,073.00		
	1	3	DESC: C 1-12 ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$1,323,999.00		
	1	4	DESC: D 1-8 ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$2,618,127.00		
	1	5	DESC: E 1-16 ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$1,035,899.00		
	1	6	DESC: F 1-8 ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$1,675,210.00		
	1	7	DESC: G 1-12 ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$1,024,191.00		
	1	8	DESC: H 1-12 ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$2,126,687.00		
	1	9	DESC: outdoor / pool/ miscellaneous structure ADDRESS: 521 Zorn Ave, Louisville, KY 40207	G	B	\$51,750.00		
	1	10	DESC: Pool ADDRESS: 521 Zorn Ave, Louisville, KY 40207	R	B	\$25,875.00		
	1	11	DESC: Boilers ADDRESS: 521 Zorn Ave, Louisville, KY 40207	R	B	\$517,500.00		
TOTAL						\$	N/A	\$

INSTRUCTIONS

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:
B = Building S = Stock F = Furniture & Fixtures M = Machinery
BPP = Your Business Personal Property PPO = Personal Property of Others
BI = Business Income R = Rental Income Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____

