

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/05/2016

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 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 the policy, certain policies may require an endorsement.

	certificate holder in lieu of such endo	orsen	ent(s	},					-OHIGE	ngins to the	
PRODUCER						CONTACT NAME:					
Berry Insurance Group- LEB 706 Indian Hill Road					PHON (A/C, 1	PHONE [A/C, No. Ext): [A/C, No.]:  E-MAIL ADDRESS:					
Terrace Park, OH 45174						E-MAIL AUDRESS:					
Phil R. Hines						PRODUCER CUSTOMER ID #: AFMDE-2					
						INSURER(S) AFFORDING COVERAGE					
INSURED AFM Demolition Tim Lang						INSURER A : Cincinnati Specialty Underwrit				NAIC#	
						INSURER B:					
36 Carrie Way Drive					1	INSURER C: Cincinnati Insurance Company					
Independence, KY 41051											
					}	INSURER D: Kentucky Emptoyers Mutual Ins. 10320					
						INSURER F :					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
] [	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCI	S OF REQUI PER POL	INSU REME TAIN, ICIES.	RANCE LISTED BELOW HA INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	i of an Ded by	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR TYPE OF INSURANCE INSR WAYD POLICY NUMBER					POLICY EFF POLICY EXP (MM/OD/YYYY) LIMITS						
	GENERAL LIABILITY				_		]	EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY	X		CSU0012088		07/19/2015	07/19/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE X OCCUR	Ì		ļ				MED EXP (Any one person)	\$	1,000	
		-						PERSONAL & ADV INJURY	\$	1,000,000	
			}			ĺ		GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	s	2,000,000	
	POLICY X PRO- LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	***************************************	
	ANY AUTO							BODILY INJURY (Per parson)	\$		
	ALL OWNED AUTOS								\$		
	SCHEDULED AUTOS							PROPERTY DAMAGE			
	HIRED AUTOS							(PER ACCIDENT)	\$		
	NON-OWNED AUTOS						:		\$		
		ļ					ļ		\$		
С	X UMBRELLA LIAB OCCUR					07/19/2015	07/19/2016	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE	<u>.</u>		ENP 0080361				AGGREGATE	\$	1,000,000	
	DEDUCTIBLE								\$		
	X RETENTION \$ 0								\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					08/01/2015	08/01/2016	X WC STATU- TORY LIMITS OTH- ER			
	AND DOODOICTOO/DADTNED/CYCCLITIVE	l		302297	1			1	\$	100,000	
	(Mandatory in NH)	N/A			Į			E.L. DISEASE - EA EMPLOYEE	<del></del>	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		500,000	
						<u>-</u>		ALE DIOLOGE TO LIGHT	<u> </u>		
					Ì	]				-	
ESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	Atlach	ACORD 101, Additional Remarks	s Schedu	e, if more space	is roquirod)				
oo Or Idd	спртком об ореватиом г Locations / vehicle County Board of Education; I poration; and Robert Ehmet Hay intonal insured per CSGA437 11/6	300n 98 & 08.	e Co Asso	unty School District Fociates, PLLC are adde	inance ed as	9					
	Day Notice cancellation										
	RTIFICATE HOLDER	·····			CANC	ELLATION	· · · · · · · · · · · · · · · · · · ·				
	(1) (0)(1)			BOONEC4	0,110	HERCITON					
Boone County Board of Education						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Florence, KY 41042					HOMION	AUTHORIZED REPRESENTATIVE					
						thil R. Hines					