

CERTIFICATE OF LIABILITY INSURANCE

ANCHO-1 OP ID: MA

02/20/2019

1,000,000

1,000,000

1,000,000

ACV

\$

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 lieu of such endorsement(s).

certificate	e holder in lieu of such endorsement(s).						
PRODUCER		CONTACT James Mark Allison					
520 Pirkle F	y Underwriters, Inc erry Rd. Suite F	PHONE (A/C, No, Ext): 770-242-8494 FAX (A/C, No): 770-242-					
SE Specialty Underwriters, Inc 520 Pirkle Ferry Rd. Suite F Cumming, GA 30040 James Mark Allison		E-MAIL ADDRESS: mallison.south55@insuremail.net					
oanics man	Allison	INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: National Interstate		32620			
INSURED	Anchor Tours, Inc.	INSURER B: Triumphe Casualty Co.	41106				
	3108 Blevins Road Whites Creek. TN 37189	INSURER C:					
	Times stock, fix or ros	INSURER D :					
		INSURER E:					
		INSURER F:					
COVERAG	ES CERTIFICATE NUMBER:	REVISION NUMBI	ER:				
	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA						
INII 11('Δ I ⊢ I	TO NOTIVITES LANGING ANY RECHIREMENT TERM OR CONDITION	A DE ANY CONTRACT OR OTHER DOCUMENT WITH R	ESPECT IO	WHICH IHIS			

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5,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: \$ GENERAL AGGREGATE PRO-JECT 5,000,000 X | POLICY PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ 5.000.000 (Ea accident) Α Χ Υ XPP1133270-06 02/01/2019 02/01/2020 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED **SCHEDULED** BODILY INJURY (Per accident) \$ AUTOS AUTOS NON-OWNED PROPERTY DAMAGE X \$ HIRED AUTOS AUTOS (Per accident) \$ **UMBRELLA LIAB EACH OCCURRENCE** \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$

Comp. & Collision Ded.

XWC1133270-06

XPP1133270-06

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

N/A

Certificate Holder is listed as an Additional Insured.

CERTIFICATE HOLDER

CANCELLATION

University of Kentucky Lexington, KY 40506	UOKENTU	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE
		J. Mil allin
		O JOSE COLL A CORP CORPORATION AND LLE

X STATUTE

10.000

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

02/01/2019 02/01/2020

02/01/2019 02/01/2020

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

(Mandatory in NH)

Physical Damage

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

В



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PRODUCER			CONTACT James Mark Allison					
520 Pirkle	Ferry Rd. Suite F		PHONE (A/C, No, Ext): 770-242-8494	FAX (A/C, No): 770-2	42-8595			
SE Specialty Underwriters, Inc 520 Pirkle Ferry Rd. Suite F Cumming, GA 30040 James Mark Allison			E-MAIL ADDRESS: mallison.south55@insuremail.net					
oanies mai	K Allison		INSURER(S) AFFORDING COVERAGE		NAIC#			
			INSURER A: National Interstate		32620			
INSURED	Anchor Tours, Inc.		INSURER B: Triumphe Casualty Co.		41106			
	3108 Blevins Road Whites Creek, TN 3	7189	INSURER C:					
			INSURER D :					
			INSURER E :					
			INSURER F:					
COVERAC	GES	CERTIFICATE NUMBER:	REVISION NUI	MBER:				
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INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	Х	COMMERCIAL GENERAL LIABILITY		,				EACH OCCURRENCE	\$	5,000,000
		CLAIMS-MADE X OCCUR	Υ		XPP1133270-06	02/01/2019	02/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000
Α								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	5,000,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	5,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	5,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
Α	Х	ANY AUTO	Υ		XPP1133270-06	02/01/2019	02/01/2020	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		XWC1133270-06	02/01/2019	02/01/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	idatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Phy	sical Damage			XPP1133270-06	02/01/2019	02/01/2020	10,000		ACV
	Con	np. & Collision						Ded.		
DE0/	-	TON OF OPERATIONS / LOCATIONS / VELUS		0000	404 Additional Bassania Calcadala secol			N		

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CERTIFICATE HOLDER	CANCELLATION
Perry County Schools 315 Park Avenue	PERRYCO SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Hazard, KY 41701	AUTHORIZED REPRESENTATIVE
1	J. Mil allin

OFFICIOATE HOLDER



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	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 5,000	,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000	,000
Α	X	ANY AUTO	Υ		XPP1133270-06	02/01/2019	02/01/2020	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								·	\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A		XWC1133270-06	02/01/2019	02/01/2020	E.L. EACH ACCIDENT	\$ 1,000	,000
	(Man	datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
Α	Phy	sical Damage			XPP1133270-06	02/01/2019	02/01/2020	10,000	,	ACV
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	BREATHI	

Breathitt County Schools Attn: Superintendent 420 Court Street P. O. Box 750 Jackson, KY 41339 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

J. Ml allin