



CERTIFICATE OF LIABILITY INSURANCE

BREAT-9

QP ID: M1

DATE (MM/DD/YYYY)
10/14/2019

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 Public Entity Insurance Corp 505 Wellington Way Ste 275 Lexington, KY 40503 Michele Barrett		859-296-4580		CONTACT Michele Barrett PHONE (A/C, No, Ext): 859-296-4580 FAX (A/C, No): 859-296-4583 E-MAIL: mbarrett@roeding.com ADDRESS:	
INSURED Breathitt County Volunteer Fire Departments Alliance 1137 Main Street Jackson, KY 41339		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: VFIS		19720	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSD PROD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		TR-2062883-11	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (per occurrence) \$ 1,000,000 MED EXP (any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		TR-2062883-11	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (per accident) \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per occurrence) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED: <input type="checkbox"/> RETENTION \$		TR-2062883-11	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property Section		TR-2062883-11	07/01/2019	07/01/2020	
A	Equipment Fltr		TR-2062883-11	07/01/2019	07/01/2020	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)
Fall Festival Community Event on November 2, 2019 hosted by Wolfe Coal
Volunteer Fire Department & Community Volunteer Fire Department of Canoe
Event to be held at: Highland Turner Elementary School
10355 Highway 30 West
Booneville, KY 41314

CERTIFICATE HOLDER

CANCELLATION

BREATH2 Breathitt County Board of Education 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 Michele Barrett
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ACORD 25 (2016/03)

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American Alternative Insurance Corporation

(a stock insurance company)

Administrative Office: 555 College Road East • Princeton, NJ 08543-5241 • (800) 305-4954
Statutory Office: 2711 Centerville Road, Suite 400 • Wilmington, DE 19805

Administered by: VFIS • 183 Leader Heights Road • York, PA 17402
(800) 233-1957 • www.vfis.com



COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:
BREATHITT COUNTY VOLUNTEER
FIRE DEPARTMENTS ALLIANCE
1137 MAIN STREET
JACKSON KY 41339

Policy Number: VFIS-TR-2062883-11/000
Renewal of: VFIS-TR-2062883-10

Policy Period: From 07-01-2019
To 07-01-2020
at 12:01 AM Standard Time at your mailing address
shown above

Type of Entity: EMERGENCY SERVICE ORGANIZATION
Business Description: EMERGENCY SERVICE ORGANIZATION

This policy consists of the following coverage parts:

	Premium
Property	\$ 7,798.00
Crime	\$ 587.00
Portable Equipment	\$ 2,628.00
Auto	\$ 37,493.00
General Liability	\$ 4,473.00
Management Liability	\$ 2,896.00
Excess Liability	\$ 5,573.00

Taxes / Fees / Surcharges: \$ 965.69

Estimated Total Premium: \$ 62,413.69

The policy premium is payable on the dates and in the amounts shown below:

See Installment Schedule

SCHEDULE OF NAMED INSURED(S)		Policy Number VFIS-TR-2062883-11/000
Named Insured BREATHITT COUNTY VOLUNTEER FIRE DEPARTMENTS ALLIANCE Agency Name VFIS	Effective Date: 07-01-19 12:01 A.M., Standard Time	
COMMUNITY VOLUNTEER FIRE DEPARTMENT OF CANOE, INC WATTS-CANEY VOLUNTEER FIRE DEPARTMENT, INC WOLFCOAL VOLUNTEER FIRE DEPARTMENT, INC VANCLEVE VOLUNTEER FIRE DEPARTMENT, INC ROUSSEAU VOLUNTEER FIRE DEPARTMENT, INC		