

CERTIFICATE OF LIABILITY INSURANCE

LANDERSON

DATE (MM/DD/YYYY)

FAMI&CH-01

						JONAN		8	/3/2020	
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 CONTACT NAME:										
Sterling G Thompson Company, LLC 545 S. Third St.					PHONE (A/C, No, Ext): (502) 585-3277 FAX (A/C, No): (502) 585-3306					
Suite 300 Louisville, KY 40202					E-MAIL ADDRESS: info@sterlingthompson.com					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
-		INSURER A : Secura Insurance INSURER B : Travelers Property Casualty Company of America				22543				
	SURED	INSURER B : Travelers Property Casualty Company of America 25674								
Family & Children's Place, Inc P. O. Box 3784					INSURER D :					
	Louisville, KY 40201-3784				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.										
INS LT	R TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
4	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR		X	CP3178546	5/24/2020	5/24/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$\$	-,,	
A		x	x			5/24/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ \$	1,000,000	
	X ANY AUTO			A3178547	5/24/2020		BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$	3,000,000	
1		x	x	CU3178548	5/24/2020	5/24/2021	EACH OCCURRENCE	\$	3,000,000	
	EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000	-	^	000170040	0/24/2020	5/24/2021	AGGREGATE Aggregate	\$	3,000,000	
E	WORKERS COMPENSATION						PER OTH-	\$	-,;	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1		6JUB-1K78136-0-20	1/1/2020	1/1/2021	E.L. EACH ACCIDENT	\$	500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Board of Education of Jefferson County is added as Additional Insured for General Liability, Auto Liability, Umbrella Liability and Workers' Compensation as required by written contract.										
C	CERTIFICATE HOLDER CANCELLATION									
The Board of Education of Jefferson County Attn: Insurance/Real Estate Dept 3332 Newburg Rd. Louisville, KY 40218					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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