GOLDSHI-01

AHUNT

CERTIFICATE OF LIABILITY INSURANCE

7/30/2024

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).

tŀ	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)						
PRO	DUCER				CONTA NAME:	^{C⊤} Amy Hur	nt					
Lexington / AssuredPartners NL 1792 Alysheba Way, Suite 300						PHONE (A/C, No, Ext): (859) 685-6515 6515 FAX (A/C, No):						
Lex	z Alysneba Way, Suite 300 ington, KY 40509			E-MAIL ADDRESS: amy.hunt@assuredpartners.com								
3 , , , , , , , , , , , , , , , , , , ,						INSURER(S) AFFORDING COVERAGE					NAIC #	
		INSURE	INSURER A : National Interstate Insurance					32620				
INSURED Gold Shield Limousine Company, Inc. DBA Gold Shield						INSURER B : Kentucky Employers Mutual Insurance					10320	
						INSURER C:						
Transportation					INSURER D :							
PO BOX 2145 Lexington, KY 40588						INSURER E :						
					INSURER F:							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICII				UV/E B	EEN IQQUED 1				IE DO		
	IDICATED. NOTWITHSTANDING ANY R											
	ERTIFICATE MAY BE ISSUED OR MAY								JECT TO) ALL	THE TERMS,	
INSR			ICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAI LISUBR POLICY NUMBER POLICY FFF POLICY E WYD POLICY NUMBER (MM/DD/YYY) (MM/DD/YYY)									
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		MM/DD/YYYY)	(MM/DD/YYYY)			5.000.000		
^				DDD5740540.05		0/4/0004		DAMAGE TO RENTED		\$	100,000	
	CLAIMS-MADE X OCCUR			DPP5748540 05		8/1/2024	8/1/2025	DAMAGE TO RENTED PREMISES (Ea occurre	nce)	\$	5,000	
								MED EXP (Any one pers	son) S	\$	5,000,000	
								PERSONAL & ADV INJ	URY S	\$	5,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	E S	\$	5,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/O	P AGG	\$	-,,	
	OTHER:							EBL AGG		\$	1,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIF (Ea accident)	MIII	\$	5,000,000	
	X ANY AUTO			DPP5748540 05		8/1/2024	8/1/2025	BODILY INJURY (Per po	erson)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	ccident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
				396976		1/1/2024	1/1/2025	E.L. EACH ACCIDENT		\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMF	PLOYEE S	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY			1,000,000	
Α	Excess Liability			DEX5748541 05		8/1/2024	8/1/2025	Over \$5mil Prima			5,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101. Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requi	red)				
		•		,				,				
					0.000	NELL ATION:						
CERTIFICATE HOLDER						CANCELLATION						
					6H0		THE ABOVE D	ESCRIBED DOI ICIES	SRECA	NCEI	I EN REEODE	
King Middle School 937 Moberly Rd Harrodsburg, KY 40330						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
							<u> </u>				AUTHO	RIZED REPRESE