

## 

EEVERMAN

DATE	(MM/DD/YYYY)	
5	13/2023	

HARRSQU-01

	-				FICATE OF LIAB		SURAN	LE	5	5/3/2023
В	CERT BELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL	Y OI	R NEGATIVELY AMEND, EX	TEND OR ALT	FER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	f SUI	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights f	ct to	the	terms and conditions of the	policy, certain	policies may			
PRC	DUCE	ĒR			CON	TACT IE:				
Energy Insurance Agency, Inc. P O Box 55268						PHONE (A/C, No, Ext): (859) 273-1549 FAX (A/C, No): (859) 272-0075				
		on, KY 40555			E-M/ ADD	AIL RESS: eia@ene	ergyinsager			
	-					INS	SURER(S) AFFO	RDING COVERAGE		NAIC #
						INSURER A : Auto Owners				
INSI	URED				INSU	JRER B :				
		Harrodsburg Square Condo	mini	um A	ssociation Inc	INSURER C :				
		750 Shaker Dr			INSU	INSURER D :				
		Lexington, KY 40504			INSU	JRER E :				
					INSU	JRER F :				
<u></u>	VER	AGES CEF	RTIFI	CATE	E NUMBER:			<b>REVISION NUMBER:</b>		
IN C	NDICA CERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQUI	REM TAIN,	ENT, TERM OR CONDITION OF , THE INSURANCE AFFORDED	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	ЕСТ ТС	WHICH THIS
INSR LTR	2	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
Α		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			52295381	5/1/2023	5/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GATE</u> LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	Χ							PRODUCTS - COMP/OP AGG	\$	2,000,000
	X	OTHER: 166 units						HIRED NONOWNED	\$	1,000,000
	AUT							COMBINED SINGLE LIMIT (Ea accident)	\$	
								BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
									\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
<u>م</u> ا		EXCESS LIAB CLAIMS-MADE	:		5229538101	5/1/2023	5/1/2024	AGGREGATE		1,000,000
			_						\$	
		DED X RETENTION \$ 10,000	_						\$	
			_					PER OTH- STATUTE ER		
	AND	RKERS COMPENSATION MPLOYERS' LIABILITY	_							
	AND ANY OFFI (Man	REERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?						STATUTE ER	\$	
A	AND ANY OFFI (Man If yes DES	RKERS COMPENSATION MPLOYERS' LIABILITY			52295381	5/1/2023	5/1/2024	E.L. EACH ACCIDENT	\$ \$ \$	21,750,700

CERTIFICATE HOLDER	
Evidence of Coverage	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
	Gerre Janana

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