

LUKE CONE

CUSTOM LAWN CARE

(Cell)

(270) 994-1371

520 WAYNE FREEMAN RD
BENTON KY 42025

Bid for properties listed is

\$1408⁰⁰ per week

\$5632⁰⁰ per month

\$45,056⁰⁰ per year

Catverty City

- 1) 95 dump \$ 39⁰⁰
- 2) Haddock Ferry 39⁰⁰
- 3) Lions club Lot 39⁰⁰
- 4) Rocky point 39⁰⁰
- 5) Stedd Creek 39⁰⁰
- 6) Buck Horn 69⁰⁰
- 7) Big Bear 39⁰⁰
- 8) Jonathan Creek 39⁰⁰
- 9) Water field 39⁰⁰
- 10) Lakeland Village 665⁰⁰
- 11) Birmingham point 39⁰⁰
- 12) Aurore visitors Center 39⁰⁰
- 13) Lil Jonathan 39⁰⁰
- 14) HARDin Citizens > 89⁰⁰
- 15) Ball PARK >

- 16) Burton Senior Citizen 39⁰⁰
- 17) Rescue Squad 39⁰⁰
- 18) Court Squares ~~39~~⁰⁰
- 19) Animal Shelter 39⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2018

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).

PRODUCER Peel & Holland (Bus - P&C) P.O. Box 427 1120 Main Street Benton, KY 42025-0427	CONTACT NAME: Cindy Davis PHONE (A/C, No, Ext): 270 527-8621 FAX (A/C, No): 270-538-9158 E-MAIL ADDRESS: cdavis@peelholland.com														
INSURED Luke Cone 520 Wayne Freeman Rd Benton, KY 42025	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Acuity A Mutual Insurance Company</td> <td style="text-align: center;">14184</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Acuity A Mutual Insurance Company	14184	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			Z97136	04/02/2018	04/02/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Marshall County Fiscal Court 1101 Main Street Benton, KY 42025	CANCELLATION 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
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**SPECIALIZING IN
INSURANCE FOR LAWN
CARE SERVICES**

**COMMON POLICY
DECLARATIONS**

First Named Insured and Address:

LUKE CONE
520 WAYNE FREEMAN RD
BENTON KY 42025

Agency Name and Number:

6883-BK (270)527-8621
PEEL & HOLLAND FINANCIAL GROUP
1120 MAIN ST
PO BOX 427
BENTON KY 42025

Policy Number: Z97136

Policy Period: Effective Date: 04-02-18
Expiration Date: 04-02-19
12:01 A.M. standard time at
your mailing address shown
in the declarations

This is not a bill. If premium is due, a billing notice will be sent separately.

COVERAGE

Your coverage consists of the following lines of insurance for which a premium is indicated. This premium may be subject to adjustment.

General Liability	358.00
Total Advance Premium	\$ 358.00

John F. Schwalb
Secretary

Ben Schyman
President



**COMMERCIAL GENERAL LIABILITY
COVERAGE PART**

Declarations

First Named Insured and Address:

LUKE CONE
520 WAYNE FREEMAN RD
BENTON KY 42025

Agency Name and Number:

PEEL & HOLLAND FINANCIAL GROUP
6883-BK

Policy Number: Z97136

Policy Period: Effective Date: 04-02-18

Expiration Date: 04-02-19

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the same.

12:01 A.M. standard time at your mailing address shown in the declarations

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CG-0001R (12-11)	Commercial General Liability Coverage Form	\$
CG-2147F (12-07)	Employment - Related Practices Exclusion	
IL-0017F (11-98)	Common Policy Conditions	
IL-0021F (03-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7025 (03-14)	Kentucky Changes - Cancellation and Nonrenewal	
CG-2167F (12-04)	Fungi or Bacteria Exclusion	
CG-2292F (12-07)	Snow Plow Operations Coverage	
CG-7300 (04-08)	ACUITY Advantages - General Liability	
CG-2187R (01-15)	Conditional Exclusion of Terrorism. (Relating to Disposition of Federal Act)	
CG-7321 (01-15)	Cap on Losses from Certified Acts of Terrorism	2.00
CG-7323 (01-15)	Exclusion of Punitive Damages Related to a Certified Act of Terrorism ...	
IL-7082 (01-15)	Disclosure Pursuant to Terrorism Risk Insurance Act	
IL-7092 (02-11)	Amendment to Definition of Occurrence	
CG-0068F (05-09)	Recording and Distribution of Material or Info in Violation of Law Exclusion	
CG-2109F (06-15)	Exclusion - Unmanned Aircraft	
CG-2293F (04-13)	Lawn Care Services-Limited Pollution Coverage	
CG-2106F (05-14)	Exclusion-Access of Confidential or Personal Info/Data with Limited BI ..	
IL-7012 (03-14)	Asbestos Exclusion	
IL-7044 (03-14)	Kentucky Premium Surcharge Endorsement	6.00
Advance Endorsement Premium		\$ 8.00

Policy Number: Z97136
 Effective Date: 04-02-18

PREMIUM SUMMARY

Advance Schedule Premium	\$ 350.00
Advance Endorsement Premium	8.00
Total Advance Premium	\$ 358.00

The surcharge required by Kentucky Statute KRS 136.392 is included in the premium charged.

The Total Advance Premium shown above is based on the exposures you told us you would have when this coverage part began. We will audit this coverage part in accordance with Section IV - Conditions, item 5 Premium Audit at the close of the audit period.

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	1,000,000
Personal and Advertising Injury Limit (Any One Person or Organization)	1,000,000
Each Occurrence Limit	1,000,000
Damage to Premises Rented to You Limit (Any One Premises)	100,000
Medical Expense Limit (Any One Person)	5,000
<i>ACUITY</i> Advantages - General Liability	See CG-7300

SCHEDULE OF LIABILITY CLASSIFICATIONS

Unit No.	Classification Description	Class Code	Premium Basis ¹	Rates		Advance Premium
				Premises	Products	
001	Lawn Care Services	97050	27,000 PA	7.483	Included	\$ 350.00 ²
Advance Schedule Premium						\$ 350.00

¹ PA = Payroll - Rates Apply Per 1,000

² Minimum premium applies.

AUDIT PERIOD

Annual

FIRST NAMED INSURED IS:

INDIVIDUAL

1) BRIAN ROY
Benton Ky
(502) 330-3503

2) Brent CLARK
Benton, Ky
(270) 994-1371

3) Doug Galven
Benton, Ky
(270) 703-0225

I HAVE BEEN IN LAWN CARE
SINCE 1992 ON AND OFF,
I HAVE BEEN WORKING OUT OF
OPERATORS LOCAL 181 SINCE
2017. THANK YOU FOR
YOUR TIME

LUKE CORP

