HENDESER

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/18/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT USI Insurance Services							
USI Insurance Services LLC-CL 435 N. Whittington Parkway, Ste 250	PHONE (A/C, No, Ext): 502 815-5200 E-MAIL ADDRESS:	FAX (A/C, No): 855 209-1246						
Louisville, KY 40222	INSURER(S) AFFORDING COVERA	GE NAIC#						
	INSURER A: Phoenix Insurance Company	25623						
INSURED	INSURER B: Travelers Property Cas. Co. of America	a 25674						
Henderson Services, LLC 4502 Poplar Level Rd	INSURER C : Kentucky Assoc Gen Cont Self Ins Fu	nd A55002						
	INSURER D: Indian Harbor Insurance Company	36940						
Louisville, KY 40213	INSURER E: The Cincinnati Insurance Company	10677						
	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 TYPE OF INSURANCE ADDLISUBRI INSR INVO POLICY NUMBER IMMIDDITY OF INSURANCE INST INST INST INST INST INST INST INST												
		INSR	WVD	POLICY NUMBER			LIMIT	'8					
Α	X COMMERCIAL GENERAL LIABILITY	X	х	DTCO5C14820322	12/31/2022	12/31/2023		\$1,0 <u>00,00</u> 0					
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000					
	X PD Ded:\$2,500						MED EXP (Any one person)	\$5,000					
							PERSONAL & ADV INJURY	\$1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000					
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000					
	OTHER:							\$					
В	AUTOMOBILE LIABILITY	x	X	8101L55242922	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000					
	X ANY AUTO		İ				BODILY INJURY (Per person)	\$					
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$					
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$					
	X Comp/Coll Ded						\$1000/\$1000	\$					
В	X UMBRELLA LIAB X OCCUR	х		CUP0K93326922	12/31/2022	12/31/2023	EACH OCCURRENCE	\$10,000,000					
ŀ	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000					
	DED X RETENTION \$10,000							\$					
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			22745	01/01/2023	01/01/2024	X PER OTH-						
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$4,500,000					
	(Mandatory in NH)	```					E.L, DISEASE - EA EMPLOYEE	\$4,500,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT						
D	Pollution Liab			PEC002256015	12/31/2022	12/31/2023							
Е	Cyber Liability			EMP0650890	04/14/2022	04/14/2023							
В	Leased/Rent Equip			QT6307P063146	12/31/2022	12/31/2023							

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

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Clark County Planning and Zoning 300 Corporate Drive, Suite 208

Jeffersonville, IN 47130

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

- Kardi

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