



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/28/2020

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: Whitney McGovern	
Logan Lavelle Hunt		PHONE (A/C, No, Ext):	FAX (A/C, No):
11420 Bluegrass Pkwy		E-MAIL ADDRESS: whitneymcgovern@llhins.com	
Louisville KY 40299		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Country Mutual Insurance Company	NAIC # 20990
		INSURER B: Great American Insurance Co	26344
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

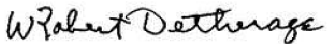
COVERAGES **CERTIFICATE NUMBER:** CL19121697586 **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			WA0200168901	12/15/2019	12/15/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
	OTHER:						PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			UM30087390	12/15/2019	12/15/2020	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED \$						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Commercial Property			WA0200168901	12/15/2019	12/15/2020	E.L. DISEASE - EA EMPLOYEE \$
	Crime Coverage						E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Pinnacle Gardens Condominium Council of Co-Owners, Inc 3944 Bardstown Road 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.
	AUTHORIZED REPRESENTATIVE 

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STATEMENT OF VALUES

DATE (MM/DD/YYYY)
12/16/2019

AGENCY Logan Lavelle Hunt 11420 Bluegrass Pkwy Louisville KY 40299	CARRIER Country Mutual Insurance Company INSURED / APPLICANT Pinnacle Gardens Condominium Council of HEADQUARTERS ADDRESS c/o Kentucky Realty Corp Louisville KY 40218	NAIC CODE: 20990 POLICY NUMBER WA0200168901	PAGE OF EFFECTIVE DATE 12/15/2019
CONTACT NAME: Whitney McGovern PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: whitneymcgovern@llhins.com CODE: SUBCODE:	COINS % <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input checked="" type="checkbox"/> 100%	APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input checked="" type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> BROAD <input type="checkbox"/> FLOOD <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> VANDALISM EXCL	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED
AGENCY CUSTOMER ID: 00145890			

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION OF PROPERTY ADDRESS OF PROPERTY	VALUATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	0	0	Building		B			
	1	1	Building 13500-13522 Pinnacle Gardens Circle Louisville KY 40245	AA	B	2,309,700		
	2	1	Building 13630-13658 Pinnacle Gardens Circle Louisville KY 40245	AA	B	2,694,650		
	3	1	Building 13600-13626 Pinnacle Gardens Circle Louisville KY 40245	AA	B	2,694,650		
	4	1	Building 13601-13625 Pinnacle Gardens Circle Louisville KY 40245	AA	B	2,502,175		
	5	1	Building 3400-3422 Pinnacle Gardens Drive Louisville KY 40245	AA	B	2,309,700		
	6	1	Building 3401-3423 Pinnacle Gardens Drive Louisville KY 40245	AA	B	2,309,700		
	7	1	Building 13527-13551 Pinnacle Gardens Circle Louisville KY 40245	AA	B	2,502,175		
	8	1	Building 13528-13554 Pinnacle Gardens Circle Louisville KY 40245	AA	B	2,694,650		
TOTAL						\$ 20,017,400	N/A	\$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
INSURED'S SIGNATURE	TITLE	DATE