



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/2023

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

PRODUCER Shepherd Insurance 11420 Bluegrass Pkwy Louisville KY 40299		CONTACT NAME: Ashley Dawson PHONE (A/C, No, Ext): (502) 499-6880 E-MAIL ADDRESS: adawson@shepherdins.com FAX (A/C, No): (502) 499-6947	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: LIO Insurance Company	NAIC # 40550
		INSURER B: Cincinnati Insurance	10677
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Pinnacle Gardens Condominium Council of Co-Owners, c/o Kentucky Realty 3944 Bardstown Rd Louisville KY 40218-2610			

COVERAGES **CERTIFICATE NUMBER:** 22-23 MASTER CERT **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			COA1000017199-00	12/15/2022	12/15/2023	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:							MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						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					Sale and Disposal Legal \$ 5,000	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> OTHER:						BODILY INJURY (Per person) \$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			EUP 0638410	12/15/2022	12/15/2023	BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
A	Employee Dishonesty			COA1000017199-00	12/15/2022	12/15/2023	E.L. DISEASE - POLICY LIMIT \$	
							Limit 250,000	

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

The association has 8 buildings and 104 units. There is a wind and hail deductible 1%. There is a \$5,000 all peril deductible. Boiler/Machinery is included. Building ordinance is included. There is no co-insurance. Guaranteed Replacement Cost is in effect. Severability of insurance does apply. The property management is included in the fidelity and crime coverage. Walls in or improvements? Walls in coverage is determined by the master deed and bylaws of the association, not the insurance document. In order to secure those documents to determine coverage, you will have to reach out to the board or the association as the insurance agency does not carry this information. Cancellation period is 10 days written cancellation. There is no flood insurance on this policy. Earthquake deductible is 5%.

CERTIFICATE HOLDER

CANCELLATION

Pinnacle Gardens Condominium Council of Co-Owners, Inc c/o Kentucky Realty Corp 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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ADDITIONAL COVERAGES

Ref #	Description Tenants Liability	Coverage Code TENTL	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description DLGAL	Coverage Code DLGAL	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Equipment Breakdown	Coverage Code SBBAS	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Brndd Dmg Prem Rent to U	Coverage Code DMGPR	Form No.	Edition Date	
Limit 1 300,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Umbrella(C)	Coverage Code CUMBR	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2 1,000,000	Limit 3	Deductible Amount	Deductible Type	Premium \$888.00
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium