

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
1/07/04

PRODUCER

Acordia of Kentucky-Lex
Lexington Green Two, Suite 410
220 Lexington Green Circle
Lexington KY 40503-3311
(859) 273-6600

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY

A Bituminous Casualty Corp.

COMPANY

B KY Associated Genl Contr SIF

COMPANY

C

COMPANY

D

INSURED

Shelton Construction Co., Inc.
P. O. Box 29
Williamsburg, KY 40769

COVERAGES

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.

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	CLP3156602B	12/19/03	12/19/04	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	CAP3156601B	12/19/03	12/19/04	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	7451	1/01/04	12/31/04	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> CIVIL EL EACH ACCIDENT \$ 500,000 EL DISEASE POLICY LIMIT \$ 500,000 EL DISEASE EA EMPLOYEE \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Workers Compensation operations in Kentucky

CERTIFICATE HOLDER

Cumberland Valley RECC
Attn: Wayne Bryant
Hwy 25 East
Gray, KY 40731

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Fred D. Orthmeyer

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AUTHORIZED REPRESENTATIVE

Fred D. Ortmeyer
ACORD CORPORATION 1988

ACORD 25-S (1/95)

CERTIFICATE: 007/001/ 00002

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Fred D. Orthmeyer

ACORD CORPORATION 1988

F a x C o v e r S h e e t

From Contact Name: Irish Goff
From Company Name: Acordia of Kentucky-Lex
To Contact Name : Ted Hampton
To Company : Cumberland Valley RECC
Fax Telephone # : 16065232698

Comments:

Per your request, please find the certificate of insurance for Shelton Construction. I will forward the original to your attention today.

Should you have any questions, please advise.

Ted Hampton
Manager

Telephone: (606) 528-2677
(606) 546-9295
(606) 589-4421
FAX: (606) 528-8458

CUMBERLAND VALLEY ELECTRIC

P.O. Box 440
Gray, Kentucky 40734

P.O. Box C
Cumberland, Kentucky, 40823

December 9, 2002

Shelton Construction Company
Eskridge Shelton
P O Box 29
Williamsburg, KY 40769

Dear Mr. Shelton:

At Cumberland Valley Electric's November 2002 board meeting, you were the successful bidder on line construction for the years of 2003-2004. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files

Should work become extremely slow in 2003-2004, you are subject to get laid off due to lack of work..

Sincerely,



Ted Hampton, Manager

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/08/2004

PRODUCER (606)878-0100 FAX (606)878-2618
 Mountain Valley Insurance - London
 818 South Main Street
 London, KY 40741

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INSURERS AFFORDING COVERAGE NAIC #

INSURED Lay Tree & Brush Co., Inc.
 Po Box 1415
 Barbourville, KY 40906

INSURER A: Travelers
 INSURER B: Kesa
 INSURER C:
 INSURER D:
 INSURER E:

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		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY	810834D437A	12/21/2003	12/21/2004	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA ACC AGG	\$
A		GARAGE LIABILITY	ISFCUP830D073A	12/21/2003	12/21/2004	EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				AGGREGATE	\$ 1,000,000
		EXCESS/UMBRELLA LIABILITY					\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
		<input type="checkbox"/> DEDUCTIBLE				WC STATUTORY LIMITS	\$
		RETENTION \$				OTH-ER	\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2349	09/01/2003	09/01/2004	E.L. EACH ACCIDENT	\$ 2,000,000
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Cumberland Valley Electric
 US 25 E
 PO Box 440
 Gray, KY 40734

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

LAY TREE & BRUSH COMPANY, INC.
U.S. 25E
BAILEY SWITCH, KENTUCKY 40905

Owner: Kenneth Lay

Phone 606-546-8725

Forming part of the general agreement between CUMBERLAND VALLEY ELECTRIC, INC., AND LAY TREE AND BRUSH, INC.

LABOR, MATERIAL & EQUIPMENT RATES

EFFECTIVE: January 1, 2003
EXPIRES: December 31, 2004

REGULAR BILLING RATE: Covers (40) hour work week (four 10 hour days) with privilege of making lost time by extending the work week or work day to include Saturdays.

OVERTIME BILLING RATE: 1 1/2 OF REGULAR RATE WHEN AUTHORIZED

<u>PERSONNEL:</u>	<u>2003 Per Hour Billing</u>	<u>2004 Per Hour Billing</u>
FOREMAN	\$17.51	\$18.04
TRIMMER	\$17.00	\$17.50
LABOR	\$ 9.37	\$ 9.75

GENERAL FOREMAN	\$15.97	\$16.25
-----------------	---------	---------

<u>EQUIPMENT</u>	<u>PER CREW HOUR</u>	<u>PER CREW HOUR</u>
POWER SAW	\$.90	\$.90
TRUCK 3/4 TON 4X4	\$ 6.75	\$ 6.75
CHIP DUMP TRUCK	\$ 2.15	\$ 2.15
BRUSH CUTTER	\$ 1.35	\$ 1.35

APPROVED:

CUMBERLAND VALLEY ELECTRIC, INC.

BY: Ray Baird

DATE 11-14-2002

SUBMITTED:

LAY TREE AND BRUSH, INC.

BY: Kenneth Lay

DATE 11-12-02

HOLD HARMLESS AGREEMENT BETWEEN
CUMBERLAND VALLEY ELECTRIC, INC
AND
LAY TREE AND BRUSH COMPANY

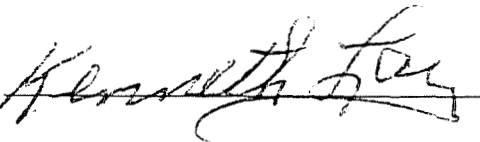
Lay Tree & Brush Company agrees to defend, pay on behalf of and hold harmless Cumberland Valley Electric, INC. and its directors, officers, agents, and employees from all claims of whatsoever nature or kind, including those brought by employees of Lay Tree & Brush Company, or subcontractors, arising out of or as a result of any act or failure to act whether or not negligent, in connection with the performance of the work to be performed pursuant to this contract by Lay Tree & Brush Company, its employees, agents and subcontractors. Lay Tree & Brush Company agrees to defend and pay all costs in defending these claims, including attorney fees.

Further, Lay Tree & Brush Company agrees to maintain public liability and property damage insurance (including automobile public liability and property damage insurance) to cover the obligations set forth above. The minimum insurance limits of liability shall be \$5,000,000 bodily injury and property damage. Cumberland Valley Electric, INC. shall receive a minimum 30 day notice in the event of cancellation of insurance required by this agreement. Lay Tree & Brush Company shall furnish a certificate of insurance to Cumberland Valley Electric, INC. showing that the above obligations and requirements are provided for by a qualified insurance carrier, and showing Cumberland Valley Electric, INC. as an additional insured on such insurance.

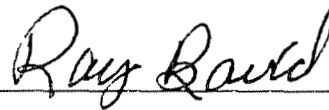
LAY TREE & BRUSH COMPANY

CUMBERLAND VALLEY ELECTRIC, INC.

BY:



BY:



DATE: 11-14-2002

Ted Hampton
Manager

Telephone: (606) 528-2677
(606) 546-9295
(606) 589-4421
FAX: (606) 528-8458

CUMBERLAND VALLEY ELECTRIC

PO Box 440
Gray, Kentucky 40734

PO. Box C
Cumberland, Kentucky, 40823

December 9, 2002

Lay Tree & Brush Co., Inc.
Kenneth Lay
P O Box 1415
Barbourville, KY 40906

Dear Mr. Lay:

At Cumberland Valley Electric's November 2002 board meeting, you were the successful bidder on right-of-way for the years of 2003-2004. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files

Should work become extremely slow in 2003-2004, you are subject to get laid off due to lack of work.

Sincerely,



Ted Hampton, Manager

LAY TREE & BRUSH COMPANY, INC.
U.S. 25E
BAILEY SWITCH, KENTUCKY 40905

Owner: Kenneth Lay

Phone 606-546-8725

Forming part of the general agreement between CUMBERLAND VALLEY ELECTRIC, INC., AND LAY TREE AND BRUSH, INC.

LABOR, MATERIAL & EQUIPMENT RATES

EFFECTIVE: January 1, 2003
EXPIRES: December 31, 2004

REGULAR BILLING RATE: Covers (40) hour work week (four 10 hour days) with privilege of making lost time by extending the work week or work day to include Saturdays.

OVERTIME BILLING RATE: 1 1/2 OF REGULAR RATE WHEN AUTHORIZED

<u>PERSONNEL:</u>	<u>2003 Per Hour Billing</u>	<u>2004 Per Hour Billing</u>
FOREMAN	\$17.51	\$18.04
TRIMMER	\$17.00	\$17.50
LABOR	\$ 9.37	\$ 9.75
<hr/>		
GENERAL FOREMAN	\$15.97	\$16.25

<u>EQUIPMENT</u>	<u>PER CREW HOUR</u>	<u>PER CREW HOUR</u>
POWER SAW	\$.90	\$.90
TRUCK 3/4 TON 4X4	\$ 6.75	\$ 6.75
CHIP DUMP TRUCK	\$ 2.15	\$ 2.15
BRUSH CUTTER	\$ 1.35	\$ 1.35

APPROVED:

CUMBERLAND VALLEY ELECTRIC, INC.

BY: Ray Baird

DATE 11-14-2002

SUBMITTED:

LAY TREE AND BRUSH, INC.

BY: Kenneth Lay

DATE 11-12-02

HOLD HARMLESS AGREEMENT BETWEEN
CUMBERLAND VALLEY ELECTRIC, INC
AND
LAY TREE AND BRUSH COMPANY

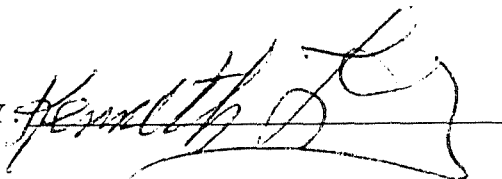
Lay Tree & Brush Company agrees to defend, pay on behalf of and hold harmless Cumberland Valley Electric, INC. and its directors, officers, agents, and employees from all claims of whatsoever nature or kind, including those brought by employees of Lay Tree & Brush Company, or subcontractors, arising out of or as a result of any act or failure to act whether or not negligent, in connection with the performance of the work to be performed pursuant to this contract by Lay Tree & Brush Company, its employees, agents and subcontractors. Lay Tree & Brush Company agrees to defend and pay all costs in defending these claims, including attorney fees.

Further, Lay Tree & Brush Company agrees to maintain public liability and property damage insurance (including automobile public liability and property damage insurance) to cover the obligations set forth above. The minimum insurance limits of liability shall be \$5,000,000 bodily injury and property damage. Cumberland Valley Electric, INC. shall receive a minimum 30 day notice in the event of cancellation of insurance required by this agreement. Lay Tree & Brush Company shall furnish a certificate of insurance to Cumberland Valley Electric, INC. showing that the above obligations and requirements are provided for by a qualified insurance carrier, and showing Cumberland Valley Electric, INC. as an additional insured on such insurance.

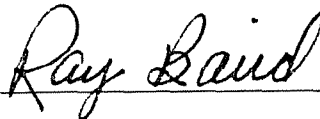
LAY TREE & BRUSH COMPANY

CUMBERLAND VALLEY ELECTRIC, INC.

BY:



BY:



DATE: 11-14-2002

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/24/01

PRODUCER
MOUNTAIN VALLEY INSURANCE AGENCY
818 South Main Street

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

LONDON KY 40741-
(606) 878-0100 () -

COMPANIES AFFORDING COVERAGE

COMPANY
A Travelers

INSURED
Lay Tree & Brush Co., Inc.
PO Box 1415

COMPANY
B KESA

Barbourville KY 40906-
(606) 546-5434

COMPANY
C

COMPANY
D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM DD YY)	POLICY EXPIRATION DATE (MM.DD.YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	I660477X6905	12/21/00	12/21/01	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000
A	AUTOMOBILE LIABILITY <input checked="" 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	I810834D437A	12/21/00	12/21/01	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CUP830D073	12/21/00	12/21/01	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 retained \$10,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	2349	09/01/01	09/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$2,000,000 EL DISEASE - POLICY LIMIT \$2,000,000 EL DISEASE - EA EMPLOYEE \$2,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CUMBERLAND VALLEY ELECTRIC
US 25 E.
GRAY KY 40734

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Angela J. Martin

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/27/02

PRODUCER
MOUNTAIN VALLEY INSURANCE AGENCY
818 South Main Street

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A Travelers

COMPANY
B KESA

COMPANY
C

COMPANY
D

LONDON KY 40741-
(606) 878-0100 () -

INSURED
Lay Tree & Brush Co., Inc.
PO Box 1415

Barbourville KY 40906-
(606) 546-5434

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	I660477X6905	12/21/01	12/21/02	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000
A	AUTOMOBILE LIABILITY <input checked="" 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	I810834D437A	12/21/01	12/21/02	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CUP830D073	12/21/01	12/21/02	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 retained \$10,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	2349	09/01/02	09/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$2,000,000 EL DISEASE - POLICY LIMIT \$2,000,000 EL DISEASE - EA EMPLOYEE \$2,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CUMBERLAND VALLEY ELECTRIC
US 25 E.
PO BOX 440
GRAY KY 40734

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/05/02

PRODUCER
MOUNTAIN VALLEY INSURANCE AGENCY
818 South Main Street

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A Travelers

COMPANY
B KESA

COMPANY
C

COMPANY
D

LONDON KY 40741-
(606) 878-0100 () -

INSURED
Lay Tree & Brush Co., Inc.
PO Box 1415

Barbourville KY 40906-
(606) 546-5434

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	I660477X6905	12/21/02	12/21/03	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000
A	AUTOMOBILE LIABILITY <input checked="" 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	I810834D437A	12/21/02	12/21/03	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CUP830D073	12/21/02	12/21/03	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 retained \$10,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	2349	09/01/02	09/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$2,000,000 EL DISEASE - POLICY LIMIT \$2,000,000 EL DISEASE - EA EMPLOYEE \$2,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CUMBERLAND VALLEY ELECTRIC
US 25 E.
PO BOX 440
GRAY KY 40734

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

Ted Hampton
Manager

Telephone: (606) 528-2677
(606) 546-9295
(606) 589-4421
FAX: (606) 528-8458

CUMBERLAND VALLEY ELECTRIC

P.O. Box 440
Gray, Kentucky 40734

P.O. Box C
Cumberland, Kentucky, 40823

December 9, 2002

Five C Construction Company
Ronnie Corey
346 Turner Road
Gray, KY 40734

Dear Mr. Corey:

At Cumberland Valley Electric's November 2002 board meeting, you were the successful bidder on line construction for the years of 2003-2004. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files

Should work become extremely slow in 2003-2004, you are subject to get laid off due to lack of work..

Sincerely,



Ted Hampton, Manager

Ted Hampton
Manager

Telephone: (606) 528-2677
(606) 546-9295
(606) 589-4421
FAX: (606) 528-8458

CUMBERLAND VALLEY ELECTRIC

PO Box 440
Gray, Kentucky 40734

PO Box C
Cumberland, Kentucky, 40823

December 9, 2002

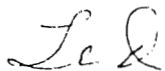
Five C Construction Company
Ronnie Corey
346 Turner Road
Gray, KY 40734

Dear Mr. Corey:

At Cumberland Valley Electric's November 2002 board meeting, you were the successful bidder on line construction for the years of 2003-2004. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files

Should work become extremely slow in 2003-2004, you are subject to get laid off due to lack of work..

Sincerely,



Ted Hampton, Manager

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CN
FIVCC-2

DATE (MM/DD/YYYY)
11/13/03

PRODUCER

Neace Lukens - Bowling Green
P.O. Box 51850
Bowling Green KY 42102-6850
Phone: 270-781-8181 Fax: 270-781-3908

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

FIVE C CONSTRUCTION CO., INC.
RONNIE COREY
346 TURNER ROAD
GRAY KY 40734

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: USF Insurance
INSURER B: Acuity 14184
INSURER C: Associated General Contractors
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	TSR100150	09/13/03	09/13/04	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	K21506	07/23/03	07/23/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	7749	06/29/03	01/01/04	WC STATUTORY LIMITS OTH-ER \$ E.L. EACH ACCIDENT \$ 300,000 E.L. DISEASE - EA EMPLOYEE \$ 300,000 E.L. DISEASE - POLICY LIMIT \$ 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

REVISED CERTIFICATE

CERTIFICATE HOLDER

CANCELLATION

CUMBERLAND VALLEY ELECTRIC
P O BOX 440
GRAY KY 40734

CUMVA-6

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
S. Corey Freeman

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CN
FIVCC-2

DATE (MM/DD/YYYY)
11/13/03

PRODUCER
Neace Lukens - Bowling Green
P.O. Box 51850
Bowling Green KY 42102-6850
Phone: 270-781-8181 Fax: 270-781-3908

INSURED

FIVE C CONSTRUCTION CO., INC.
RONNIE COREY
346 TURNER ROAD
GRAY KY 40734

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	USF Insurance	
INSURER B:	Acuity	14184
INSURER C:	Associated General Contractors	
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>	TSR100150	09/13/03	09/13/04	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
B	X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	K21506	07/23/03	07/23/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	7749	06/29/03	01/01/04	WC STATUTORY LIMITS <input type="checkbox"/> OTH. ER <input type="checkbox"/> E L EACH ACCIDENT \$ 3000000 E L DISEASE - EA EMPLOYEE \$ 3000000 E L DISEASE - POLICY LIMIT \$ 3000000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

REVISED CERTIFICATE

CERTIFICATE HOLDER

CANCELLATION

CUMVA-6

CUMBERLAND VALLEY ELECTRIC
P O BOX 440
GRAY KY 40734

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AUTHORIZED REPRESENTATIVE
S. Corey Freeman

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CN
FIVCC-2

DATE (MM/DD/YYYY)
11/13/03

PRODUCER

Neace Lukens - Bowling Green
P.O. Box 51850
Bowling Green KY 42102-6850
Phone: 270-781-8181 Fax: 270-781-3908

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INSURED

FIVE C CONSTRUCTION CO., INC.
RONNIE COREY
346 TURNER ROAD
GRAY KY 40734

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: USF Insurance
INSURER B: Acuity 14184
INSURER C: Associated General Contractors
INSURER D:
INSURER E:

COVERAGES

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INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC	TSR100150	09/13/03	09/13/04	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	K21506	07/23/03	07/23/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	7749	06/29/03	01/01/04	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 3000000 E.L. DISEASE - EA EMPLOYEE \$ 3000000 E.L. DISEASE - POLICY LIMIT \$ 3000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 REVISED CERTIFICATE

CERTIFICATE HOLDER

CUMVA-6

CUMBERLAND VALLEY ELECTRIC
P O BOX 440
GRAY KY 40734

CANCELLATION

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AUTHORIZED REPRESENTATIVE

S. Corey Freeman

ACORD CERTIFICATE OF LIABILITY INSURANCE		CSR CN FIVCC-2	DATE (MM/DD/YYYY) 11/05/03
PRODUCER Neace Lukens - Bowling Green P.O. Box 51850 Bowling Green KY 42102-6850 Phone:270-781-8181 Fax:270-781-3908		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED FIVE C CONSTRUCTION CO., INC. RONNIE COREY 346 TURNER ROAD GRAY KY 40734		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A USF Insurance	
		INSURER B Acuity	14184
		INSURER C Associated General Contractors	
		INSURER D	
		INSURER E	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TSR100150	09/13/03	09/13/04	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 2000
	GEN L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY \$ 1000000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2000000
B	AUTOMOBILE LIABILITY	K21506	07/23/03	07/23/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> HIRED AUTOS					AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> NON-OWNED AUTOS					OTHER THAN EA ACC \$
	GARAGE LIABILITY				AUTO ONLY AGG \$
	<input type="checkbox"/> ANY AUTO				
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7749	06/29/03	01/01/04	NO. STATE TORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT \$ 3000000
	If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE \$ 3000000
	OTHER				E L DISEASE - POLICY LIMIT \$ 3000000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS 606-523-2698					

CERTIFICATE HOLDER <div style="text-align: right;">CUMVA-6</div> CUMBERLAND VALLEY ELECTRIC P O BOX 440 GRAY KY 40734	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE S. Corey Freeman
---	--

Ted Hampton
Manager

Telephone: (606) 528-2677
(606) 546-9295
(606) 589-4421
FAX: (606) 528-8458

CUMBERLAND VALLEY ELECTRIC

P.O. Box 440
Gray, Kentucky 40734

P.O. Box C
Cumberland, Kentucky, 40823

November 16, 2004

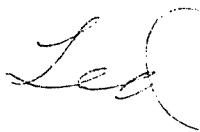
Five C Construction Company
Ronnie Corey
346 Turner Road
Gray, KY 40734

Dear Mr. Corey:

At Cumberland Valley Electric's November 2004 board meeting, you were the successful bidder on line construction for the years of 2005-2006. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files.

Should work become slow in 2005-2006 you are subject to get laid off due to lack of work.

Sincerely,



Ted Hampton, Manager

Ted Hampton
Manager

Telephone: (606) 528-2677
(606) 546-9295
(606) 589-4421
FAX: (606) 528-8458

CUMBERLAND VALLEY ELECTRIC

P.O. Box 440
Gray, Kentucky 40734

P.O. Box C
Cumberland, Kentucky, 40823

November 16, 2004

Five C Construction Co., Inc.
Ronnie Corey
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Gray, Kentucky, 40734

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Should work become slow in 2005-2006 you are subject to get laid off due to lack of work.

Sincerely,



Ted Hampton, Manager



NEACE

LUKENS

To: MS. FOLEY
Company: CUMBERLAND VALLEY
Fax: 606-523-2698
Phone:
From: Nicole Crum
Email: ncrump@neaccgroup.com
Date: 3/15/2004
Reference: CERT OF INS
CC:

Direct # 888-824-1842

Pages: 7

Neace Lukens
1919 Scottsville Road
Bowling Green, KY 42012
Phone (270) 781-8181
Toll Free (888) 824-1842
Fax (270) 781-3908

www.neacelukens.com

MS. FOLEY-

ATTACHED IS A CERTIFICATE OF INSURANCE FOR FIVE C CONSTRUCTION
SHOWING THEIR GL AND WORK COMP COVERAGE. IF YOU NEED ANYTHING ELSE,
PLEASE LET ME KNOW.

F

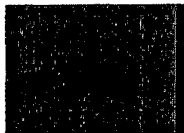
THANKS!

A

X

Vision Innovation Integrity Leadership

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NEACE
LUKENS

To: MS. FOLEY
Company: CUMBERLAND VALLEY
Fax: 606-523-2698
Phone:

Neace Lukens
1919 Scottsville Road
Bowling Green, KY 42012
Phone (270) 781-8181
Toll Free (888) 824-1842
Fax (270) 781-3908

From: Nicole Crump Direct: # 888-824-1842
Email: ncrump@neacegroup.com
Date: 3/15/2004 Pages: 2

Reference: CERT OF INS
CC:

www.ncacclukens.com



⋮

MS. FOLEY-

ATTACHED IS A CERTIFICATE OF INSURANCE FOR FIVE C CONSTRUCTION
SHOWING THEIR GL AND WORK COMP COVERAGE. IF YOU NEED ANYTHING ELSE,
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THANKS!

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X

⋮

Vision Innovation Integrity Leadership



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TRANSMISSION VERIFICATION REPORT

TIME : 03/15/2004 13:30
NAME : C V ELECTRIC
FAX : 6065232698
TEL : 6065232698
SER.# : BRO3N806763

DATE, TIME 03/15 13:29
FAX NO./NAME 916065463050
DURATION 00:00:42
PAGE(S) 02
RESULT OK
MODE STANDARD
ECM

CUMBERLAND VALLEY RURAL ELECTRIC
COOPERATIVE CORPORATION

P O BOX 440
GRAY, KENTUCKY 40734
TELEPHONE: (606)528-2677 FAX: (606)528-8458

DATE: 3/15/04 TIME: 1:30 P.M

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Pat Hauser FAX: 546-3050

COMPANY: _____

CITY: _____ STATE: _____

FROM: Ted

TOTAL NO. OF PAGES, INCLUDING THIS PAGE _____

SUBJECT MATTER/EXPLANATION OF TRANSMITTED MATERIAL:

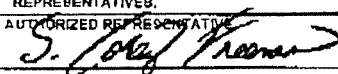
ACORD CERTIFICATE OF LIABILITY INSURANCE		CSR CH FYCC-2	DATE (MM/DD/YYYY) 03/15/04
PRODUCER Neace Lukens - Bowling Green P.O. Box 51850 Bowling Green KY 42102-6850 Phone:270-781-8181 Fax:270-781-3908		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
FIVE C CONSTRUCTION CO., INC. RONNIE COREY 346 TURNER ROAD GRAY KY 40734		INSURER A: USF Insurance	
		INSURER B: Acuity	14184
		INSURER C: Associated General Contractors	
		INSURER D	
		INSURER E	

COVERAGES

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INSURANCE LTR INBRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	TSR100150	09/13/03	09/13/04	EACH OCCURRENCE \$ 1000000
					PREMISES (Ea occurrence) \$ 50000
					MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>
B	<input checked="" type="checkbox"/> 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	K21506	07/23/03	07/23/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<input type="checkbox"/> EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	7749	01/01/04	01/01/05	<input type="checkbox"/> WORK STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 3000000
					E.L. DISEASE - EA EMPLOYEE \$ 3000000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 3000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
*****REVISED CERTIFICATE*****

CERTIFICATE HOLDER CUMVA-6 CUMBERLAND VALLEY ELECTRIC P O BOX 440 GRAY KY 40734	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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