

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

IN THE MATTER OF:

JOINT APPLICATION OF SENTRA
CORPORATION, A WHOLLY OWNED
SUBSIDIARY OF BLUE RIDGE MOUNTAIN
RESOURCES, INC., AND SENTRA
RESOURCES LLC FOR THE TRANSFER
AND ACQUISITION OF STOCK AND
FINANCING

CASE NO. 2018-00107

RECEIVED

OCT 19 2018

PUBLIC SERVICE
COMMISSION

SENTRA CORPORATION PROOF OF LIABILITY INSURANCE

Pursuant to the Public Service Commission's ("Commission") Order entered in the above case on July 12, 2018, Sentra Corporation, by counsel, hereby files its Proof of Liability Insurance.

1. The Commission's Order of July 12, 2018, required Sentra Corporation to provide the Commission with Proof of Liability Insurance within ten (10) days of the completion of the acquisition of the Sentra Corporation shares of stock. The acquisition occurred on Friday, October 12, 2018.

3. A copy of the Certificate of Liability Insurance is attached hereto as Exhibit A.

Respectfully submitted,

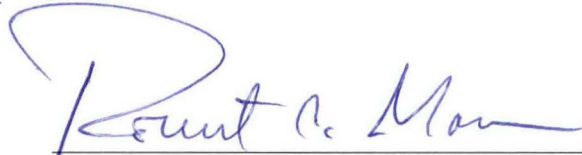


Robert C. Moore
STITES & HARBISON PLLC
421 West Main Street
P.O. Box 634
Frankfort, KY 40602-0634
Telephone: (502) 223-3477
Email: rmoore@stites.com

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was served by electronic mail, on this 19th day of October, 2018 upon:

John N. Hughes
Attorney at Law
124 West Todd Street
Frankfort, KY 40601
Email: jnhughes@johnnhughespcc.com



ROBERT C. MOORE

EXHIBIT A



SENTCOR-01

JCARTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/16/2018

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 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 Van Meter Insurance Group Houchens Insurance Group 1240 Fairway Street Bowling Green, KY 42103	CONTACT NAME: John Carter
	PHONE (A/C, No, Ext): (270) 467-1328 4515 FAX (A/C, No): (270) 467-1329
	E-MAIL ADDRESS: jcarter@higusa.com
INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A : Cincinnati Specialty Underwriters Insurance Company 13037
	INSURER B : Cincinnati Insurance Company 10677
	INSURER C : Kentucky Employers' Mutual Insurance 10320
	INSURER D :
	INSURER E :
	INSURER F :

INSURED

Sentra Corporation
2006 Edmonton Road
Tompkinsville, KY 42167

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:			CSU0122375	10/12/2018	10/12/2019	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 \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			EBA0508881	10/12/2018	10/12/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TBD	10/17/2018	10/17/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER	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.
Proof of Coverage	AUTHORIZED REPRESENTATIVE <i>Christa Veller</i>