

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05202016

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 HOUSEACCOUNT BLUEGRASS INS							
		Bluegrass Insurance Services LLC					NAME: PHONE (270) 769-5555 [A/C, No, Ext): (270) 769-5555 [A/C, No, Ext): (270) 737-5991					
		620 Westport Rd					I E-MAIL ogragory@bluogragoipouropoo pot					
						ADDRESS: CG1 egoi y@bideg1 assirisdi ai ice:net						
		Elizabethtown, Kentucky 42701					INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Company of the South				NAIC# 19259	
INSURED		T.E.M. Group Inc T.E.M. Properties					RB: Kentuck		- ,			
		3560 Bashvord Ave					INSURER C:					
		Louisville, Kentucky 40218-3113					RD:					
							INSURER E : INSURER F :					
COVERAGES CERTIFICATE NUMBER:												
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											IOD	
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 INSR ADDL SUBR							N REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP LIMITS					
INSR LTR	- /	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY		LIN	/ITS		
Α	√ c	OMMERCIAL GENERAL LIABILITY			0.0040007		40/45/0045	12/15/2016	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE OCCUR			S 2012337		12/15/2015		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	10,000	
		Blkt Add'l Insds							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	P	OLICY PRO- LOC							PRODUCTS - COMP/OP AGG	i \$	2,000,000	
		OTHER:								\$		
	AUTON	OBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Α	√ A	NY AUTO			S 2012337		12/15/2015	12/15/2016	BODILY INJURY (Per person)	\$		
	0	WNED SCHEDULED UTOS ONLY AUTOS							BODILY INJURY (Per accident) \$		
	H	IRED NON-OWNED							PROPERTY DAMAGE	\$		
	A	UTOS ONLY AUTOS ONLY							(Per accident)	\$		
	\ / u	MBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	9,000,000	
Α	\vdash	XCESS LIAB CLAIMS-MADE			S 2012337		12/15/2015	12/15/2016	AGGREGATE	\$	9,000,000	
									AGGREGATE	\$		
	+	ERS COMPENSATION							PER OTH-			
В		MPLOYERS' LIABILITY Y/N									4,000,000	
	OFFICE	OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	4.000,000	
	If yes, d	atory in NH) lescribe under IPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE		4,000,000	
Α		d Equipment			S 2012337		12/15/2015	12/15/2016	E.L. DISEASE - POLICY LIMIT	\$		
^		ation Floater			0 20 12007		12/10/2010	12/10/2010			\$1,000,000	
DEC	CDIDTIO	N OF OREDATIONS / LOCATIONS / VEHICLE		2000	104 Additional Remarks Cabadul				: d)			
		N OF OPERATIONS / LOCATIONS / VEHICLI									f	
		holder is listed as Additional Insure	amie	egaru	s to named insured sigeriera	ai iiabiiii	y as required	by written con	tract as evidenced by end	Ji Semeni	IOITI	
CG72020110.												
Emergency Generator Electrical Connections												
CE	RTIFIC	ATE HOLDER				ELLATION						
		Laviantas Faratta Oa Habar Oa	D:		of O autual Daniel asian		CHOILD ANY OF THE ADOVE DECORRED BOLIGIES BE CANOCILED BEFORE					
Lexington Fayette Co. Urban Gov, Division of Central Purchasing 200 E Main Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		3rd Floor, Room 338					ACCORDANCE WITH THE POLICY PROVISIONS.					
		5. 3 1 1001, 1 COM 1000										
Lexington, KY 40507							AUTHORIZED REPRESENTATIVE Colollie Gregory					
									Cocolle 9	rege	ay	