



MARTSAN-01

KHANSEL

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2016

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 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).

|  |  |               |
|--|--|---------------|
| <b>PRODUCER</b><br>Lexington (C&S) / AssuredPartners NL<br>2416 Sir Barton Way, Suite 300<br>Lexington, KY 40509 | <b>CONTACT NAME:</b> Ashley Hacker   |               |
|  | <b>PHONE (A/C, No, Ext):</b> (859) 543-1716 <b>FAX (A/C, No):</b> (859) 543-1987 |               |
|  | <b>E-MAIL ADDRESS:</b>   |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
|  | <b>INSURER A:</b> Ohio Security Insurance Co.                                    | 24082         |
|  | <b>INSURER B:</b> Peerless Indemnity Insurance Co                                | 18333         |
|  | <b>INSURER C:</b> Ohio Casualty Insurance Co                                     | 24074         |
|  | <b>INSURER D:</b> Westchester Fire Insurance Company                             | 10030         |
|  | <b>INSURER E:</b>  |               |
|  | <b>INSURER F:</b>  |               |

## 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  |   |   | BKS55773292   | 01/18/2016              | 01/18/2017              | EACH OCCURRENCE                     | \$ 1,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |   | DAMAGE TO RENTED PREMISES (Ea occurrence) |               |                         |                         | \$ 1,000,000                        |              |
|          | <input checked="" type="checkbox"/> Bikt AI   |   | MED EXP (Any one person)                  |               |                         |                         | \$ 15,000                           |              |
|          |   |   | PERSONAL & ADV INJURY                     |               |                         |                         | \$ 1,000,000                        |              |
|          |   |   | GENERAL AGGREGATE                         |               |                         |                         | \$ 2,000,000                        |              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |   |   |               |                         |                         | PRODUCTS - COMP/OP AGG              | \$ 2,000,000 |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |   |               |                         |                         |                                     | \$           |
|          | OTHER:  |   |   |               |                         |                         |                                     |              |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  |   |   | BA8930875     | 01/18/2016              | 01/18/2017              | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
|          | <input checked="" type="checkbox"/> ANY AUTO  |   |   |               |                         |                         | BODILY INJURY (Per person)          | \$           |
|          | <input type="checkbox"/> ALL OWNED AUTOS  | <input type="checkbox"/> SCHEDULED AUTOS            |   |               |                         |                         | BODILY INJURY (Per accident)        | \$           |
|          | <input checked="" type="checkbox"/> HIRED AUTOS   | <input checked="" type="checkbox"/> NON-OWNED AUTOS |   |               |                         |                         | PROPERTY DAMAGE (Per accident)      | \$           |
|          | <input checked="" type="checkbox"/> Bikt AI   | <input checked="" type="checkbox"/> Bikt WOS        |   |               |                         |                         |                                     | \$           |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB   | <input checked="" type="checkbox"/> OCCUR           |   | USO55773292   | 01/18/2016              | 01/18/2017              | EACH OCCURRENCE                     | \$ 2,000,000 |
|          | <input type="checkbox"/> EXCESS LIAB  | <input type="checkbox"/> CLAIMS-MADE                |   |               |                         |                         | AGGREGATE                           | \$ 2,000,000 |
|          | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$                             |   |   |               |                         |                         |                                     | \$           |
|          |   |   |   |               |                         |                         | PER STATUTE                         |              |
|          |   |   |   |               |                         |                         | OTH-ER                              |              |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |   |   |               |                         |                         | E.L. EACH ACCIDENT                  | \$           |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |   |   |               |                         |                         | E.L. DISEASE - EA EMPLOYEE          | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |   |   |               |                         |                         | E.L. DISEASE - POLICY LIMIT         | \$           |
| D        | CPL   |   |   | G2789138A-002 | 08/14/2016              | 08/14/2017              | Pollution                           | 1,000,000    |

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

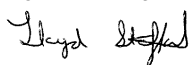
## Contractors Pollution Liability Policy

\$1mil limit per Each Pollution Condition/ \$1mil Aggregate/ deductible \$2,500 each pollution condition

Certificate holder is listed as additional insured with respect to General Liability when required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| Lexington Fayette Urban County Government<br>200 E Main Street<br>Lexington, KY 40507 | 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<br>  |

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