Client#: 1494889 64ALLIACOM

$ACORD_{\cdot\cdot}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/28/2017

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).

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PRODUCER	CONTACT NAME:		
BB&T Insurance Services, Inc.	PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No):	66 881-2185	
2600 Eastpoint Parkway (40223)	E-MAIL ADDRESS:		
P. O. Box 436869	INSURER(S) AFFORDING COVERAGE	NAIC#	
Louisville, KY 40253	INSURER A : Zurich American Insurance Compa	16535	
INSURED	INSURER B: Continental Casualty Company	20443	
Alliance Comfort Systems Inc	INSURER C:		
PO Box 58860	INSURER D:		
Louisville, KY 40268	INSURER E:		
	INSURER F:		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERA	AL LIABILITY			0380742	07/01/2016	07/01/2017	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
									MED EXP (Any one person)	\$10,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:									\$
Α	AUTOMOBILE LIABILITY				0380743	07/01/2016	07/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X ANY AUTO								BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB	X OCCUR			6012213608	07/01/2016	07/01/2017	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$10,000,000
	DED X RETENTION \$10000								\$	
Α					0380741	07/01/2016	07/01/2017	X PER STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)		14774					E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$1,000,000
В	B Inst Floater					5088277303	07/01/2016	07/01/2017	\$360,000 Limit	
В	B Leased/Rented					5088277303	07/01/2016	07/01/2017	\$200,000 Limit	
	Equipment								\$1,000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is recognized as Additional Insured under General Liability coverage as required by written contract or agreement. Coverage will not extend to any additional insured that is not provided by the insurance policy nor that is any broader coverage than the requirement of the written contract or agreement.

Lexington Fayette Urban County Government Contractors Registration 200 East Main Street Lexington, KY 40507 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.

AUTHORIZED REPRESENTATIVE

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