LCODELL



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2017

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 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 the certificate does not confor rights to the certificate holder in lieu of such endorsement(s).

lf th	SUBROGATION IS WAIVI	ED, subjec fer rights to	t to the	the certi	terms and conditions of ficate holder in lieu of su	مامحم دامه	la transactual			. A 51	atement on	
	DUCER	<u> </u>				CONTACT Shannon Rosolowski						
Lexi	ngton / AssuredPartners N	L				PHONE FAX (A/C, No, Ext): 6504 (A/C, No):						
2443 Šir Barton Way, Suite 400 Lexington, KY 40509						E-MAIL ADDRESS: shannon.rosolowski@assuredpartners.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A: Zurich American Insurance Co					16535	
INSU	RED					INSURER B : American Guarantee & Liability Insurance Co 26247						
	People Plus, Inc.					INSURER C:						
	1095 Nebo Road					INSURER						
	Madisonville, KY	42431				INSURER E:						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
IN CI EX	HIS IS TO CERTIFY THAT T IDICATED. NOTWITHSTAND ERTIFICATE MAY BE ISSUEI XCLUSIONS AND CONDITIONS	ING ANY RI D OR MAY S OF SUCH F	EQUIF PERT POLIC	REME FAIN, CIES.	:NT, TERM OR CONDITION THE INSURANCE AFFORN LIMITS SHOWN MAY HAVE	n of at ded by	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER ES DESCRIBI	DOCUMENT WITH RESPE	O ALL	WHICH THIS	
INSR LTR		<u> </u>	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(WW/DD/YYYY)	LIMITS	S	4 000 000	
Α	X COMMERCIAL GENERAL LIA			-					EACH OCCURRENCE	\$	1,000,000 100,000	
		OCCUR			PRA585448905		10/22/2017	10/22/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	X Owner's & Contractor								MED EXP (Any one person)	\$	1,000,000	
	X Professional Liabili								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIE	1 1							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-	] roc							PRODUCTS - COMP/OP AGG	\$	Included	
	OTHER:								COMBINED SINGLE LIMIT (Ea accident)	\$	moradou	
Α	AUTOMOBILE LIABILITY				PRA585448905		10/22/2017	10/22/2018	1	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS								BODILY INJURY (Per person)	\$	1,000,000	
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	.,,		
	X HUTES ONLY X NOW	OS ONLY	1						(Per accident)	\$		
В	X UMBRELLA LIAB X C	OCCUR							EACH OCCURRENCE	\$ \$	1,000,000	
_		CLAIMS-MADE			UMB549899905		10/22/2017	10/22/2018	AGGREGATE	\$	1,000,000	
	1321	0						:	AGGREGATE	Š		
DED   X   RETENTIONS									PER OTH-	· ·		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT	s		
			N/A						E.L. DISEASE · EA EMPLOYEE	S		
	If yes, describe under DESCRIPTION OF OPERATIONS by				l			E.L. DISEASE - POLICY LIMIT		-		
	DESCRIPTION OF OF EIGHTORS &	CION										
				İ								
DES Lexi	cription of operations / Localington-Fayette Urban County	TIONS / VEHICI y Governme	ES (A	CORE listed	) 101, Additional Remarks Schedu d as an additional insuredu	ule, may be with res	e attached if mor pects to the (	e space is requir General Liabl	<sup>ed)</sup> lity Policy. The General L	lability	is primary.	
CF	RTIFICATE HOLDER					CANCELLATION						
Lexington-Fayette Urban County Government Division of Central Processing					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

ACORD 25 (2016/03)

200 E. Main St., Rm. 338

Lexington, KY 40507

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**AUTHORIZED REPRESENTATIVE** 

LCODELL

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2017

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 have ADDITIONAL INSURED provisions or be endorsed.

PRODUCER Lexington / AssuredPartners NL 2443 Sir Barton Way, Suite 400 Lexington, KY 40509				CONTACT Shannon Rosolowski PHONE (A/C, No, Ext): 6504  EMAIL SS: shannon.rosolowski@assuredpartners.com						
				IN.	NAIC#					
				INSURER A : Zurich	16535					
INSURED				INSURER B : Americ	an Guarant	ee & Liability Insurance	Co	26247		
People Plus, Inc.				INSURER C:						
1095 Nebo Road				INSURER D:						
Madisonville, KY 42431				INSURER E:						
				INSURER F:						
			NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLINDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M. EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PER	IREMI TAIN	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLK BEEN REDUCED BY	CT OR OTHER CIES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	110	WHICH THIS		
INSR TYPE OF INSURANCE	ADDI	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMITS				
A X COMMERCIAL GENERAL LIABILITY	1,,,,,,	T <u>-</u>				EACH OCCURRENCE \$		1,000,000		
CLAIMS-MADE X OCCUR			PRA585448905	10/22/2017	10/22/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000		
χ Owner's & Contractor						MED EXP (Any one person) \$		10,000		
X Professional Liabili						PERSONAL & ADV INJURY \$		1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:	_					GENERAL AGGREGATE \$		2,000,000		
POLICY PRO-				•		PRODUCTS - COMP/OP AGG \$		2,000,000		
OTHER:						\$		Included		
A AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$				
ANY AUTO			PRA585448905	10/22/2017	10/22/2018	BODILY INJURY (Per person) \$		4 000 000		
OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		1,000,000		
X HIRED ONLY X NOT SWILD						PROPERTY DAMAGE (Per accident)				
						9		1,000,000		
B X UMBRELLA LIAB X OCCUR			UMB549899905	10/22/2017	10/22/2018	EACH OCCURRENCE \$		1,000,000		
EXCESS LIAB CLAIMS-M/	OE		CHIDO48033300	10/22/2017	10/22/2010	AGGREGATE S	1	.,000,000		
DED X RETENTION\$	U	<del>                                     </del>				PER OTH- STATUTE ER				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N					, =				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA					E.L. EACH ACCIDENT \$				
(Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OPERATIONS below		+				E.C. DISEASE - POLICY CIMIT 3	1			
				1						
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	1101.50		AAA Addisanal Banada Cabad	ula marka attached if m	ro engeo le regui	radi				
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	1101.23	жоск	o 101, Adoltoria Kemara Soried	uo, may bo attached it in	ore opened to requi	,				
CERTIFICATE HOLDER				CANCELLATION						
LFUCG Department of Pu 200 E. Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Lexington, KY 40507				AUTHORIZED REPRESENTATIVE						
						The state of the s				



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2017

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

	e terms and conditions of the policy, certain portificate holder in lieu of such endorsement(s).	licies may require an en	dorser	ment. A stat	ement on th	is certificate does not co	onfer r	ights to the			
_	DUCER		CONTACT								
The	Odell Studner Group, LLC		NAME: PHONE (A/C, No, Ext): 610-995-0948  FAX (A/C, No, Ext): 610-995-0105								
	North Warner Road, Suite 450		(A/C, No	, Ext): 010-99	5-0948	(A/C, No):	010-99	5-0105			
Kın	g of Prussia PA 19406		E-MAIL ADDRES	SS:							
				INS	URER(S) AFFOR	DING COVERAGE		NAIC #			
			INSURE	RA: Zurich A	merican Insui	rance Co		16535			
INSU			INSURE	RB:							
100	pple Plus, Inc. 5 Nebo Road		INSURE	RC:							
	disonville KY 42431-8829		INSURE	RD:							
			INSURE								
			INSURE								
COV	/ERAGES CERTIFICATE	NUMBER: 1133217317	INSUKE	KF.		REVISION NUMBER:					
			/F BEE!	N ISSUED TO			IF POI	ICY PERIOD			
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,											
	CLUSIONS AND CONDITIONS OF SUCH POLICIES. L	IMITS SHOWN MAY HAVE	BEEN R								
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S				
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$				
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
						MED EXP (Any one person)	\$				
						PERSONAL & ADV INJURY	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$				
	PRO-										
						PRODUCTS - COMP/OP AGG	\$				
	OTHER:					COMBINED SINGLE LIMIT	-				
	AUTOMOBILE LIABILITY					(Ea accident)	\$				
	ANY AUTO					BODILY INJURY (Per person)	\$				
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$				
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$				
							\$				
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$				
	DED RETENTION\$					7.0011207112	\$				
Α		WC343474816		1/1/2018	1/1/2019	X PER OTH-	Ψ				
, ,	AND EMPLOYERS' LIABILITY										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$ 1,000,000				
	(Mandatory in NH)  If yes, describe under					E.L. DISEASE - EA EMPLOYEE					
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,	000			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 1	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is requir	ed)					
	ATIFICATE LIQUEDED		04310	TILATION:							
CEF	RTIFICATE HOLDER	<del>1</del>	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.								
	Lexington-Fayette Urban County Gov	vernment-Div of									
	Central Processing 200 East Main St, Room 338										
	Lexington KY 40507	l	AUTHORIZED REPRESENTATIVE								
	USA		Stew Odell								
			Name Valle								