Client#: 1494889 64ALLIACOM

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2017

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).

PRODUCER	CONTACT NAME:				
BB&T Insurance Services, Inc.	PHONE [A/C, No, Ext): 502 489-5900 FAX (A/C, No): 866 881-2185				
2600 Eastpoint Parkway (40223)	E-MAIL ADDRESS:				
P O Box 436869	INSURER(S) AFFORDING COVERAGE	NAIC #			
Louisville, KY 40253	WOOTENA.	16535			
INSURED	INSURER B; Continental Casualty Company 20443				
Alliance Comfort Systems Inc PO Box 58860	INSURER C:				
	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	ADDLS INSR W	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DDYYYY)	шміт	S
Α	X COMMERCIAL GENERAL LIABILITY		0380742	07/01/2017	07/01/2018	EACH OCCURRENCE	s1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
1						MED EXP (Arry one person)	s 10,000
						PERSONAL & ADV INJURY	s 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	s 2,000,000
	POLICY X PRO-					PRODUCTS - COMPIOP AGG	s 2,000,000
	OTHER						\$
Α	AUTOMOBILE LIABILITY		0380743	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident)	ş1,000,00 <b>0</b>
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						2
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
			_	_			S
В	X UMBRELLA LIAB X OCCUR		6012213608	07/01/2017	07/01/2018	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s10,000,000
	DED RETENTION \$	_					\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N		0380741	07/01/2017	07/01/2018	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E L EACH ACCIDENT	s1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - POLICY LIMIT	s1,000,000
В	Inst Floater		5088277303	07/01/2017	07/01/2018	\$360,000 Limit	
	Leased/Rented		5088277303	07/01/2017	07/01/2018	\$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.

CERTIFICATE HOLDER		CANCELLATION

Lexington Fayette Urban County Government Contractors Registration 200 East Main Street 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** 

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