

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2018

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).

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PRODUCER ***MARSH USA INC	CONTACT NAME:	
1166 AVENUE OF THE AMERICAS	PHONE FAX (A/C, No, Ext): (A/C, No):	
NEW YORK, NY 10036	E-MAIL ADDRESS:	
Phone: 866-966-4664 Emcor.Certrequest@marsh.com / Fax: 203-229-6787	INSURER(S) AFFORDING COVERAGE	NAIC#
398010-DEB-WC-17-18	INSURER A: Continental Casualty Company	20443
INSURED DeBra-Kuempel, Inc.	INSURER B: Transportation Insurance Co	20494
EMCOR Services Automated Controls	INSURER C: American Casualty Company Of Reading, Pa	20427
Dynalectric Ohio 3976 Southern Avenue	INSURER D: Continental Insurance Company	35289
Cincinnati, OH 45227	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: NYC-010218632-01 REVISION NUMBER: 1

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.

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LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		GL 6049702453	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 25,000
						PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 6,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 14,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		BUA 6049702436	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
D	X UMBRELLA LIAB X OCCUR		CUE 6050250605	10/01/2017	10/01/2018	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000						\$
С	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		WC 6 50232850 (AOS)	10/01/2017	10/01/2018	X PER OTH-	
С	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A	WC 6 50234842 (AZ, OR, WI)	10/01/2017	10/01/2018	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A	WC 6 50145496 (CA)	10/01/2017	10/01/2018	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

COVERAGE APPLIES IN EXCESS OF THE PRIMARY GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES.

ADDITIONAL INSURED UNDER ALL POLICIES (EXCEPT WORKERS COMPENSATION & EMPLOYERS LIABILITY) WHERE REQUIRED BY CONTRACT: LFUCG

CERTIFICATE HOLDER	CANCELLATION		
LFUCG DIVISION OF BUILDING INSPECTION 200 E MAIN ST. 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 of Marsh USA Inc.		
	Manashi Mukherjee Manashi Mukherjee		

AGENCY CUSTOMER ID: 398010

Loc #: Norwalk



ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED				
***MARSH USA INC		DeBra-Kuempel, Inc. EMCOR Services Automated Controls Dynalectric Ohio			
POLICY NUMBER					
	3976 Southern Avenue Cincinnati, OH 45227				
CARRIER	NAIC CODE	Sillottiniati) STI 18EE/			
		EFFECTIVE DATE:			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Auto Physical Damage Comp / Coll Deductible \$500

For Worker's Compensation, Auto Liability, General Liability and Umbrella Liability:

In the event of cancellation or material change that reduces or restricts the insurance afforded by this Coverage Part (other than the reduction of aggregate limits through payment of claims as applicable), Insurer agrees to mail prior written notice of cancellation or material change to: Certificate Holder

Schedule

1. Number of days advance notice: For any statutorily permitted reason other than non-payment of premium, the number of days required for notice of cancellation as provided in paragraph 2 of either the Cancellation Common Policy Conditions or as amended by the applicable state cancellation endorsement is increased to the lesser of 60 days or the number of days required in a written contract.

For non-payment of premium, The greater of (1) the number of days required by state law or (2) the number of days required by written contract.

Name

Notice will be mailed to: Certificate holder