

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2017

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												
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRO	DUCER MARSH USA INC					NAME:						
540 W. MADISON CHICAGO II. 60661						PHONE FAX (A/C, No, Ext): (A/C, No):						
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE				NAIC #		
						INSURER A : Liberty Mutual Fire Insurance Company				23035		
ADS LLC						INSURER B : N/A				N/A		
340 The Bridge Street, Suite 204						INSURER C : Liberty Insurance Corporation				42404		
HUNTSVILLE, AL 35806						INSURER D :						
							INSURER E :					
	VERAGES				E NUMBER:		-008253870-08		REVISION NUMBER: 3			
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 O	F INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL	GENERAL LIABILITY			TB2-681-004088-048		01/01/2018	01/01/2019	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-M	ADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
		LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	X POLICY	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	4,000,000	
A	OTHER:	ITY			AS2-681-004088-038		01/01/2018	01/01/2019	COMBINED SINGLE LIMIT	\$ \$	2,000,000	
	X ANY AUTO						0110112010	01/01/2017	(Ea accident) BODILY INJURY (Per person)	\$	2,000,000	
	X OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$		
	HIRED	AUTOS X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY	AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIA	B OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
	DED RE	TENTION \$	1							\$		
С	WORKERS COMPENS AND EMPLOYERS' LI	SATION			WA7-68D-004088-518 (AOS)		01/01/2018	01/01/2019	X PER OTH- STATUTE ER			
С	ANYPROPRIETOR/PA	RTNER/EXECUTIVE	N/A		WC7-681-004088-018 (WI,OR)		01/01/2018	01/01/2019	E.L. EACH ACCIDENT	\$	2,000,000	
	OFFICER/MEMBERE> (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$	2,000,000	
	If yes, describe under DESCRIPTION OF OF	PERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Lexington Fayette Urban County Government Building Inspection is included as Additional Insured with respect to General and Automobile Liability coverages as required by written contract, subject to policy terms and conditions.												
CERTIFICATE HOLDER CANCELLATION												
Lexington Fayette Urban County Government 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 Mulcherjee						

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