|  | Client   | :#: 11        | 3692        | 27                 |  | SERF                       | ILTD  |                       |                    |
|--|--|---------------|-------------|--------------------|--|----------------------------|---|-----------------------|--------------------|
|  | ACORD. CERT  | IFIC          | CA          | TE OF LIABI        | LITY INSU  | JRANO                      | E   | DATE (M<br>5/06/      | M/DD/YYYY)<br>2019 |
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).  |  |               |             |                    |  |                            |   |                       |                    |
| -  | DUCER  |               |             |                    | CONTACT Sandy Richmond   |                            |   |                       |                    |
|  | Insurance Services LLC   |               |             |                    | PHONE<br>(A/C, No, Ext): 616 288-4100 FAX<br>(A/C, No): 616-288-4135   |                            |   |                       |                    |
|  | Bridge Street NW   |               |             |                    | E-MAIL<br>ADDRESS: Sandy.Richmond@usi.com  |                            |   |                       |                    |
|  | te 400<br>nd Banida ML 40504   |               |             | _                  | INSURER(S) AFFORDING COVERAGE  |                            |   |                       | NAIC #             |
|  | nd Rapids, MI 49504  |               |             |                    | INSURER A : National Union Fire Ins Pittsburgh, PA   |                            |   |                       | 19445              |
| INSU   | Adams SFC Inc. DBA R.P.  | Ada           | ms          |                    | INSURER B : Travelers Property Cas. Co. of America   |                            |   |                       | 25674              |
|  | 2900 MacArthur Blvd  | 7144          |             |                    | INSURER C : New Hampshire Insurance Company  |                            |   |                       | 23841              |
|  | Northbrook, IL 60062-200   | 5             |             |                    | INSURER D : National Uni   | on Fire Insurance Co       | o of LA   |                       | 32298              |
|  | ·  |               |             |                    | INSURER E :  |                            |   |                       |                    |
| CO   | /FRAGES CER  | TIFIC         | ATF         |                    | INSURER F :  |                            | 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<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |               |             |                    |  |                            |   |                       |                    |
| INSR<br>LTR  | TYPE OF INSURANCE  | ADDL:<br>INSR | SUBR<br>WVD | POLICY NUMBER      | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | S                     |                    |
| Α  | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR                |               |             | 5341987            | 06/01/2018   | 06/01/2019                 | EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence)   | \$1,00<br>\$500,      | ,                  |
|  |  |               |             |                    |  |                            | MED EXP (Any one person)  | \$25,0                | 00                 |
|  |  |               |             |                    |  |                            | PERSONAL & ADV INJURY   | \$1,00                | ,                  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:                                   |               |             |                    |  |                            | GENERAL AGGREGATE   | \$2,00                |                    |
|  |  |               |             |                    |  |                            | PRODUCTS - COMP/OP AGG  | \$ <b>2,00</b><br>\$  | 0,000              |
| D  | OTHER:<br>AUTOMOBILE LIABILITY                                       |               |             | 4773650            | 06/01/2018   | 06/01/2019                 | COMBINED SINGLE LIMIT<br>(Ea accident)                            | <sup>♥</sup><br>₅1,00 | 0 000              |
| 0  | X ANY AUTO   |               |             | 4110000            | 00/01/2010   | 00/01/2013                 | (Ea accident)<br>BODILY INJURY (Per person)                       | \$1,00                | 0,000              |
|  | OWNED SCHEDULED   AUTOS ONLY AUTOS   X AUTOS ONLY X   X AUTOS ONLY X |               |             |                    |  |                            | BODILY INJURY (Per accident)<br>PROPERTY DAMAGE<br>(Per accident) | \$<br>\$              |                    |
| В  | X Drive Oth Car   X UMBRELLA LIAB X   OCCUR                          |               |             | ZUP14T2619918NF    | 06/01/2018   | 06/01/2019                 | EACH OCCURRENCE   | \$<br>\$ <b>7,00</b>  | 0,000              |
|  | EXCESS LIAB CLAIMS-MADE  |               |             |                    |  |                            | AGGREGATE   | \$7,00                | 0,000              |
|  | DED X RETENTION \$0  |               |             |                    |  |                            | V PER OTH-  | \$                    |                    |
| С  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                     |               |             | 25893681           | 06/01/2018   | 06/01/2019                 |   |                       | 0.000              |
|  | OFFICER/MEMBER EXCLUDED?   | N / A         |             |                    |  |                            | E.L. EACH ACCIDENT  | \$1,00                |                    |
|  | (Mandatory in NH)  |               |             |                    |  |                            | E.L. DISEASE - EA EMPLOYEE  | \$1,00                |                    |
|  | DESCRIPTION OF OPERATIONS below                                      |               |             |                    |  |                            | E.L. DISEASE - POLICY LIMIT                                       | \$1,00                | 0,000              |
|  |  |               |             |                    |  |                            |   |                       |                    |
|  |  |               |             |                    |  |                            |   |                       |                    |
|  | RIPTION OF OPERATIONS / LOCATIONS / VEHIC                            |               |             |                    |  |                            |   |                       |                    |
|  | General Liability and Automobil                                      |               | -           |                    |  |                            |   |                       |                    |
|  | t provides Additional Insured sta                                    |               |             | -                  | •  |                            |   |                       |                    |
|  | t requires such status, and only v                                   |               |             |                    |  |                            |   |                       |                    |
| General Liability policy contains a special endorsement with Primary wording, when required by written<br>contract.  |  |               |             |                    |  |                            |   |                       |                    |
|  |  |               |             |                    |  |                            |   |                       |                    |
| 000  |  |               |             |                    |  |                            |   |                       |                    |
| CERTIFICATE HOLDER CANCELLATION  |  |               |             |                    |  |                            |   |                       |                    |
|  | Lexington-Fayette Urbar<br>200 East Main Street                      | n Cou         | ınt G       | Government (LFUCG) | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |   |                       |                    |

|      | E/(1 11) |       |      |
|------|----------|-------|------|
| ACCO | ORDAN    | CE WI | тн т |

AUTHORIZED REPRESENTATIVE

d ara (i) PM. Lagrang

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Lexington, KY 40507

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## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## SCHEDULE

| Name Of Additional Insured Person(s)<br>Or Organization(s)   | Location And Description Of Completed Operations    |
|--|---|
| ANY PERSON OR ORGANIZATION<br>WHOM YOU BECOME OBLIGATED<br>TO INCLUDE AS AN ADDITIONAL INSURED<br>AS A RESULT OF ANY CONTRACT OR<br>AGREEMENT YOU HAVE ENTERED INTO. | PER THE CONTRACT OR AGREEMENT.                      |
| Information required to complete this Schedule, if   | not shown above, will be shown in the Declarations. |

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that

which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.