

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 12/27/2018

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).

	is certificate does not confer rights				uch end	lorsement(s		require an endorsement. A	Statement on	
PRODUCER						CONTACT NAME:				
Marsh USA Inc.						PHONE FAX				
1717 Arch Street Philadelphia, PA 19103-2797						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
					7,22,1,2		SURER(S) AFFOR	RDING COVERAGE	NAIC#	
CN101263979-ALL-GAWX-19-20						INSURER A: Insurance Company Of The State Of PA				
INSURED PREMITAC MID SOLITH INC						INSURER B : ACE American Insurance Company				
BRENNTAG MID-SOUTH, INC. 1405 HWY 136 W					INSURER C : Indemnity Insurance Company of North America			43575		
HENDERSON, KY 42420						INSURER D : ACE Fire Underwriters Insurance Company				
						INSURER E : AIG Europe Limited				
						INSURER F:				
CO	VERAGES CER	RTIFIC	ATE	NUMBER:	CLE-005751909-42 <b>REVISION NUMBER:</b> 8					
IN C E INSR	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLIC	EMEN AIN, 7 CIES. I SUBR	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE EDUCED BY POLICY EFF	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO AL	O WHICH THIS	
LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD		POLICY NUMBER GL6634468		(MM/DD/YYYY) 01/01/2019	(MM/DD/YYYY) 01/01/2020	LIMITS	5,000,000	
	CLAIMS-MADE X OCCUR			GL0034400		0110112013	01/01/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000	
	92 92							MED EXP (Any one person) \$	10,000	
								PERSONAL & ADV INJURY \$	5,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	5,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	5,000,000	
	OTHER:							\$		
В	AUTOMOBILE LIABILITY			ISAH25277399		01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	5,000,000	
	X ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
								\$		
Е	X UMBRELLA LIAB X OCCUR			H131513277		01/01/2019	01/01/2020	EACH OCCURRENCE \$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000	
	DED RETENTION \$					0.1.10.1.10.1.0		\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLRC65434404 (AOS)		01/01/2019	01/01/2020	X PER OTH- STATUTE ER		
С	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WLRC65434362 (CA, MA)		01/01/2019	01/01/2020	E.L. EACH ACCIDENT \$	2,000,000	
D	(Mandatory in NH)  If yes, describe under			SCFC65434441 (WI)		01/01/2019	01/01/2020	E.L. DISEASE - EA EMPLOYEE \$	2,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	2,000,000	
DEC	DEPTION OF OPERATIONS 11 OCCUPATIONS 11	156 (	2027	404 Addistance B		-441				
LEXI	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC NGTON FAYETTE URBAN COUNTY GOVERNMEN ERAL LIABILITY POLICY INCLUDES SUDDEN AND	IT IS ÌN	ICLUDE	ED AS ADDITIONAL INSURED, EX				•	NTRACT. THE	
CE	RTIFICATE HOLDER				CANCELLATION					
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT DIVISION OF RISK MANAGEMENT						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

Mariaoni Muchenjee

LEXINGTON, KY 40507

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc. Manashi Mukherjee