

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/22/2019

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).

PRODUCER		CONTACT T					
	ince - Holland	PHONE (A/C, No, Ext): (616) 396-2000 FAX (A/C, No): (616)	574-3317				
822 Westshore Drive Holland, MI 49424		E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Cincinnati Specialty Underwriters Ins. Co.	13037				
NSURED		INSURER B: Citizens Insurance Company	31534				
	Michigan Playgrounds Acquisition, Inc. Michigan Playgrounds LLC; Midstates Recreation 828 Zarley Street, Ste. B New Albany, OH 43054	INSURER C: The Accident Fund Company	10166				
		INSURER D : Burlington Ins. Company					
		INSURER E:					
		INSURER F:					
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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	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		CSU 0023306	11/3/2019	11/3/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	χ XCU/Contractual Liab						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						OHIO STOP GAP C	\$	1,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO			A710142023	11/3/2019	11/3/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	UMBRELLA LIAB X OCCUR		CSU 0123796		11/3/2019	11/3/2020	EACH OCCURRENCE	\$	1,000,000
	X EXCESS LIAB CLAIMS-MADE			CSU 0123796			AGGREGATE	\$	
	DED X RETENTION\$						Aggregage	\$	1,000,000
С	C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						X PER OTH- STATUTE ER		
			WCV6032071	5/1/2019	5/1/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Excess Liability			HFF0011007	11/16/2019	11/3/2020	Limit		3,000,000
Α	A Professional Liab			CSU 0108372	11/3/2019	11/3/2020	Gen. Agg.		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lexington-Fayette Urban County Government is listed as additional insured on a primary and non-contributory basis relative to general and auto liability per the insured's policy form. 30 days' notice provided in the event of cancellation except for 10 days' notice provided for non-payment per insured's policy form.

CERTIFICATE HOLDER	CANCELLATION				
Lexington-Fayette Urban County Government 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.				
Lexington, KT 40007	AUTHORIZED REPRESENTATIVE				