

CERTIFICATE OF INSURANCE

DATE: 08/16/2011

PRODUCER

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
100 E. VINE STREET, SUITE 800
LEXINGTON, KY 40507-3700

PHONE: (859)977-3700

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

FAYETTE COUNTY SCHOOL DISTRICT
701 EAST MAIN STREET
LEXINGTON, KY 40502

COMPANY
A Kentucky School Boards Insurance Trust

COMPANY
B

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY				GENERAL AGGREGATE	\$12,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	L1061-011020	07/01/2011	07/01/2012	PRODUCTS-COMP/OP AGGREGATE	\$12,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$INCLUDED
	<input type="checkbox"/> OWNER'S & CONT PROT				EACH OCCURRENCE	\$6,000,000
					FIRE DAMAGE (Any one fire)	\$500,000
					MED EXPENSE (Any one person)	\$5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	CRIME LIABILITY				LIMIT DEDUCTIBLE	\$
	<input type="checkbox"/> FORGERY OR ALTERATION				LIMIT INSIDE PREMISES DEDUCTIBLE	\$
	<input type="checkbox"/> THEFT DISAPPEARANCE AND DESTRUCTION				LIMIT OUTSIDE PREMISES DEDUCTIBLE	\$
	<input type="checkbox"/> PUBLIC EMPLOYEE DISHONESTY				LIMIT DEDUCTIBLE	\$
	<input type="checkbox"/> MONEY ORDERS & COUNTERFEIT PAPER				LIMIT DEDUCTIBLE	\$
	<input type="checkbox"/> CURRENCY COVERAGE				LIMIT DEDUCTIBLE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	\$
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EACH ACCIDENT	\$
	<input type="checkbox"/> INCL				DISEASE-POLICY LIMIT	\$
	<input type="checkbox"/> EXCL				DISEASE-EA EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Evidence of Coverage for 2011-2012.

CERTIFICATE HOLDER

Fayette County School District
701 East Main Street
Lexington, KY 40502

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Handwritten Signature