



HYDR-16

OP ID: RI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/02/2015

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 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 Carroll & Stone Insurance Services 4384 Clearwater Way, Suite 200 Lexington, KY 40515 David Scott Cole | | CONTACT NAME: David Scott Cole PHONE (A/C, No, Ext): 859-269-1044 E-MAIL ADDRESS: scott@carrollandstone.com FAX (A/C, No): 859-276-0266 | |
| INSURED Hydraulic Specialists Inc Kim Hensley 421 Clifty Road Somerset, KY 42503 | | INSURER(S) AFFORDING COVERAGE INSURER A: EMC Insurance Companies INSURER B: Bridgefield Casualty Ins Co INSURER C: Environmental Risk Managers INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 21415 10335 | |

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 LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> JEC1 <input type="checkbox"/> LOC OTHER | X | | 5D20010 | 10/01/2014 | 10/01/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | X | | 5E20010 | 10/01/2014 | 10/01/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS MADE <input checked="" type="checkbox"/> OCCUR DED <input checked="" type="checkbox"/> RETENTION \$ 0 | X | | 5J20010 | 10/01/2014 | 10/01/2015 | EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 0196-11316 | 10/01/2014 | 10/01/2015 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000 |
| C | Pollution Liability | | | TO BE ASSIGNED | 01/30/2015 | 01/30/2016 | Limit 1,000,000 Ded. 2,500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LFUCG is listed as Additional Insured to General Liability and Auto Liability Policy and Pollution Liability. *See attached endorsements.

CERTIFICATE HOLDER

CANCELLATION

LFUC CO

LFUCG Contractor Registration
Division of Building
Inspection
200 E Main Street
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
David Scott Cole

POLLUTION CONDITION AMENDATORY ENDORSEMENT

| | | | |
|---|--|--|--|
| Named Insured Hydraulic Specialists Inc | | | Endorsement Number |
| Policy Symbol CPW | Policy Number <i>To be assigned</i> | Policy Period 01/30/2015 to 01/30/2016 | Effective Date of Endorsement 01/30/2015 |
| Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

For the purpose of this endorsement, **CONTRACTORS POLLUTION LIABILITY COVERAGE PART, DEFINITIONS, Pollution Condition**, is deleted in its entirety and replaced with the following:

Pollution condition means the discharge, dispersal, release, escape, migration, or seepage of any solid, liquid, gaseous or thermal, material matter, irritant or contaminant, including smoke, soot, vapors, fumes, acids, alkalis, chemicals, hazardous substances, hazardous materials, low level radiological material, or waste materials including medical, infectious, or pathological wastes, on, in, into, or upon land and structures thereupon, the atmosphere, surface water or groundwater. **Pollution condition** includes electromagnetic fields, virus(es), and bacteria including Legionella pneumophila.

All other terms and conditions remain the same.

ADDITIONAL INSURED ENDORSEMENT – PRODUCTS-COMPLETED OPERATIONS HAZARD

| | | | |
|---|--|--|--|
| Named Insured Hydraulic Specialists Inc | | | Endorsement Number |
| Policy Symbol CPW | Policy Number <i>to be assigned</i> | Policy Period 01/30/2015 to 01/30/2016 | Effective Date of Endorsement 01/30/2015 |
| Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTOR'S POLLUTION LIABILITY COVERAGE PART

SCHEDULE

Any person or organization that is an owner of real property or personal property on which you are performing operations, or a contractor on whose behalf you are performing operations, and only at the specific written request of such person or organization to you, wherein such request is made prior to commencement of operations.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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** performed for that additional insured and included in the **products-completed operations hazard**.

All other terms and conditions remain the same.

**ADDITIONAL INSURED ENDORSEMENT – PRODUCTS-COMPLETED OPERATIONS HAZARD
PRIMARY & NON-CONTRIBUTORY**

| | | | |
|---|--|--|--|
| Named Insured Hydraulic Specialists Inc | | | Endorsement Number |
| Policy Symbol CPW | Policy Number <i>to be assigned</i> | Policy Period 01/30/2015 to 01/30/2016 | Effective Date of Endorsement 01/30/2015 |
| Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTOR'S POLLUTION LIABILITY COVERAGE PART

SCHEDULE

Any person or organization that is an owner of real property or personal property on which you are performing operations, or a contractor on whose behalf you are performing operations, and only at the specific written request of such person or organization to you, wherein such request is made prior to commencement of operations.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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** performed for that additional insured and included in the **products-completed operations hazard**.

Furthermore, the coverage provided hereunder shall be primary and not contributing with any other insurance available to those designated above under any other third party liability policy.

All other terms and conditions remain the same.

TRANSPORTATION POLLUTION LIABILITY COVERAGE ENDORSEMENT

| | | | |
|--|--|---|---|
| Named Insured Hydraulic Specialists Inc | | | Endorsement Number |
| Policy Symbol CPW | Policy Number <i>to be assigned</i> | Policy Period 01/30/2015 to 01/30/2016 | Effective Date of Endorsement 01/30/2015 |
| Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

COVERAGES - CONTRACTORS POLLUTION LIABILITY, Section B., Exclusions, 16. Vehicles is deleted in its entirety and replaced with the following:

16. Vehicles

Bodily injury or property damage arising from the use, maintenance, entrustment to others, or operation of any auto, aircraft, watercraft or other conveyance. However, this exclusion does not apply to:

- a. **Bodily injury or property damage** resulting from a **pollution condition** that commences during the transportation of your product by a carrier; or
- b. **Bodily injury or property damage** resulting from a **pollution condition** arising out of the ownership, maintenance or use of any autos or watercraft used in the operations performed by or on behalf of the insured.

With respect to item b. above, the following Limits of Insurance apply:

| | | |
|-----------------------------|--------------|--|
| Limits of Insurance: | \$ 1,000,000 | Each Occurrence |
| | \$ 1,000,000 | Transportation Pollution Aggregate Limit (serves to reduce the General Aggregate shown on the Declarations page) |

The Limits of Insurance are subject to the terms and conditions of the **LIMITS OF INSURANCE** section of the policy to which this endorsement is attached.

All other terms and conditions remain the same.