

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

INSURED

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

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

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 | | | | | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | COMBINED SINGLE LIMIT | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE | \$ |
| | <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 | \$ |
| | | | | | LIMIT 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/ | | | | EACH ACCIDENT | \$ |
| | <input type="checkbox"/> PARTNERS/EXECUTIVE | | | | DISEASE-POLICY LIMIT | \$ |
| | <input type="checkbox"/> OFFICERS ARE: <input type="checkbox"/> INCL <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

Neil C. White