

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 <b>J Smith Lanier &amp; Co-Huntsville</b> P. O. Box 6087 Huntsville, AL 35813-0087 256 890-9000	CONTACT NAME:
	PHONE (A/C, No, Ext): <b>256 890-9000</b> FAX (A/C, No): <b>256 890-9070</b> E-MAIL ADDRESS:
INSURED <b>Excellance, Inc.</b> 453 Lanier Road Madison, AL 35758	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : <b>Hartford Fire Insurance Co.</b> <b>19682</b>
	INSURER B : <b>Hartford Casualty Insurance</b> <b>29424</b>
	INSURER C : <b>Alabama Self Insured WC Fund</b>
	INSURER D : <b>Midwest Employers Casualty</b>
	INSURER E : INSURER F :

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	GENERAL LIABILITY		20UUNSV6652	08/01/2013	08/01/2014	EACH OCCURRENCE	\$1,000,000				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$10,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000			
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$2,000,000				
						PRODUCTS - COMP/OP AGG	\$2,000,000				
							\$				
A	AUTOMOBILE LIABILITY		20UUNSV6652	08/01/2013	08/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000				
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
							\$				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	20HHUQ08060	08/01/2013	08/01/2014	EACH OCCURRENCE	\$9,000,000				
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$9,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$10000						\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1998113	01/01/2013	01/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER				
	D ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N / A	TJAL129001	01/01/2013	01/01/2014	E.L. EACH ACCIDENT	\$1,000,000				
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000				
						E.L. DISEASE - POLICY LIMIT	\$1,000,000				

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

CERTIFICATE HOLDER Lexington Fayette Urban County Government Division of Central Purchasing 200 East Main Street Lexington, KY 40507	CANCELLATION 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 