



**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).

CONTACT NAME:			
PHONE (A/C, No, Ext): 404 497-7500		FAX (A/C, No):	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A :Columbia Casualty Company			31127
INSURER B :Greenwich Insurance Company			22322
INSURER C :			
INSURER D :Allied World National Assurance Company			10690
INSURER E :			
INSURER F :			

REVISION NUMBER:

INSR LTR		TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY					4014044811	04/01/2011	04/01/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR	MED EXP (Any one person)				\$ EXCLUDED	
	<input type="checkbox"/>				PERSONAL & ADV INJURY				\$ 1,000,000	
	<input type="checkbox"/>				GENERAL AGGREGATE				\$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input checked="" type="checkbox"/>	LOC				\$
B	AUTOMOBILE LIABILITY					MA - RAG9437533. AOS - RAG9437532	04/01/2011	04/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO			SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>		NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$
									Comp. \$1000 deductible	Coll. \$1000 deductible
D	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	0305-4422	04/01/2011	04/01/2012	EACH OCCURRENCE	\$ 25,000,000	
		EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 25,000,000	
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								<input type="checkbox"/>	WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)			<input type="checkbox"/>	N/A				EL EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below								EL DISEASE - EA EMPLOYEE	\$
									EL DISEASE - POLICY LIMIT	\$
										\$
										\$
										\$
										\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACDR 101, Additional Remarks Schedule, if more space is required)  
Re: Hyatt Regency Lexington, 401 West High Street, Lexington, KY 40507-1833

## 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**

**For Information Purposes Only**

# ADDITIONAL INFORMATION

ISSUE DATE

03/31/2011

**PRODUCER**

MCGRUFF, SEIBELS & WILLIAMS OF GEORGIA, INC.  
5605 Glenridge Drive - Suite 300  
Atlanta, GA 30342  
PHONE: 404 497-7500

**CERTIFICATE HOLDER**

For Information Purposes Only

**INSURED**

PKY I, LLC  
d/b/a Hyatt Regency Lexington  
c/o The Procaccianti Group, LLC  
1140 Reservoir Avenue  
Cranston, RI 02920-6032

**Crime Liability Coverage**

Carrier: Federal Insurance Company  
Policy Number: 8208-1872  
Policy Period: 4/1/11 to 4/1/12

	Limits:	Retention:
Employee Theft	\$ 1,000,000	\$ 25,000
Client Coverage	\$ 1,000,000	\$ 25,000
Premises	\$ 100,000	\$ 10,000
In Transit	\$ 100,000	\$ 10,000
Forgery	\$ 100,000	\$ 10,000
Computer Fraud	\$ 100,000	\$ 10,000
Funds Transfer Fraud	\$ 100,000	\$ 10,000
Money Orders & Counterfeit Currency	\$ 100,000	\$ 10,000
Credit Card Fraud	\$ 100,000	\$ 10,000
Expense	\$ 100,000	Not Applicable

**Innkeeper's Liability Coverage**

Carrier: Columbia Casualty Company  
Policy Number: 4014044611  
Policy Period: 4/1/11 to 4/1/12

	Limits:
Per Guest on Premises	\$ 2,000
Per Occurrence	\$ 50,000
Per Guest in Safe	\$ 25,000
Aggregate	\$ 250,000

**Garagekeeper's Liability Coverage**

Carrier: Greenwich Insurance Company  
Policy Number: MA - RAG9437533  
AOS - RAG9437532  
Policy Period: 4/1/11 to 4/1/12

Limits  
Comprehensive: Each Location - \$300,000  
Collision: Each Location - \$100,000  
Deductibles: Comprehensive/Collision - \$2,500 per vehicle