

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/31/2011

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). NAME: PHONE (A/C, No. Ext): 404 497-7500 E-MAIL ADDRESS: FAX (A/C, No): NAIC# INSURER(S) AFFORDING COVERAGE

MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC. 5605 Glenridge Drive - Suite 300 Atlanta, GA 30342 31127 INSURER A : Columbia Casualty Company INSURER B : Greenwich Insurance Company 22322 INSURED PKY I, LLC d/b/a Hyatt Regency Lexington c/o The Procaccianti Group, LLC 1140 Reservoir Avenue Cranston, RI 02920-6032 ENSURER C 10690 INSURER D : Allied World National Assurance Company INSURER E : INSURER F REVISION NUMBER: CERTIFICATE NUMBER:WAE27TAU 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.

| | · | | | TIMILE SHOWN MAL HAVE DECIME | DOLLOWER | DOLICY EVE | | |
|-------------|--|------|------------|------------------------------|----------------------------|---|--|-------------------------|
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
| A | GENERAL LIABILITY | жен | *** | 4014044611 | 04/01/2011 | 04/01/2012 | | \$ 1,000,000 |
| | <u> </u> | İ | | İ | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| \ \ | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | l | 1 | İ | | ' <u> </u> | | \$ EXCLUDED |
| } | CLAIMS-MADE A OCCUR | | ۱ | | | † | | \$ 1,000,000 |
| ţ | | | 1 | | | 1 | GENERAL AGGREGATE | \$ 2,000,000 |
| | OFFI ACCRECATE UNIT AND HIS TO | ' | ! | | ļ l | <u> </u> | | \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- X LOC | | | | | | | \$ |
| В | AUTOMOBILE LIABILITY | | | MA - RAG9437533 | 04/01/2011 | 04/01/2012 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| - | 13.3 | | ļ Ì | AOS - RAG9437532 | | | 1-1.22 | \$ |
| | X ANY AUTO ALL OWNED SCHEDULED | | | |] | | BODILY INJURY (Per accident) | \$ |
| ţ | X HIRED ALTOS X NON-OWNED | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | X HIRED AUTOS X AUTOS | | ļ j | | | | Comp. \$1000 deductible | Coll. \$1000 deductible |
| Б | X UMBRELLA LIAB X OCCUR | | | 0305-4422 | 04/01/2011 | 04/01/2012 | EACH OCCURRENCE | \$ 25,000,000 |
| [] | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ 25,000,000 |
| | Too mad the board | | | | | | | \$ |
| | WORKERS COMPENSATION | | | | | ļ — — — — — — — — — — — — — — — — — — — | WC STATU- OTH- | |
| l | AND EMPLOYERS LIABILITY Y/N | | | | | | E.L. EACH ACCIDENT | \$ |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | EL. DISEASE - EA EMPLOYEE | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | ţ | | | | | E.L. DISEASE - POLICY LIMIT | s |
| - | DEBOM NOTO: OF ENVIOUS BOOM | | | | | | | \$ |
| | | | | | | 1 | | \$ \$ |
| | | | | | | | | s |

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

| CERTIFICATE HOLDER | 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. | | | | |
| For Information Purposes Only | AUTHORIZED REPRESENTATIVE | | | | |

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ADDITIONAL INFORMATION

ISSUE DATE 03/31/2011

PRODUCER

MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.

5605 Glenridge Drive - Suite 300

Aflanta, 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

Federal Insurance Company Carrier:

Policy Number: 8208-1872
Policy Period: 4/1/11 to 4/1/12

| | Limits: | Retention: |
|--|--|---|
| Employee Theft Client Coverage Premises In Transit Forgery Computer Fraud Funds Transfer Fraud Money Orders & Counterfeit Currency Credit Card Fraud Expense | \$ 1,000,000 \$ 1,000,000 \$ 100,000 \$ 100,000 \$ 100,000 \$ 100,000 \$ 100,000 \$ 100,000 \$ 100,000 | \$ 25,000 \$ 25,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000 |
| | | |

Innkeeper's Liability Coverage

Columbia Casualty Company Carrier:

Policy Number: 4014044611
Policy Period: 4/1/11 to 4/1/12

Limits:

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

Garagekeeper's Liability Coverage

Greenwich Insurance Company Carrier:

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
Comprehensive/Collision

Comprehensive/Collision - \$2,500 per vehicle

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Certificate 10 # WAE27TAU