

CERTIFICATE OF LIABILITY INSURANCE

DATE (NIM/DO/YYYY)

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 CONTACT NAME:											
	Underwriters Group, Inc.		PHONE [AC, No. Brits.02-244-1343 [A/G, No. 502 244 14:1] E-MAIL ACORESS:								
i_O. Box 23790						INSURER(5) AFFORDING COVERAGE				NAIC#	
Eduraville, KY 40223					INSURE	INSURER A: Cincinnati Insurance Company				10677	
INSURED J. Edinger & Son Inc.						INSURER 8: KESA Self Insurance Fund					
٥.	admy a won and			1	INSURE	RG:					
1010 Story Avenue					INSURER D:						
r,OL	nsville, KY 40206				INSURE	RE:					
					INSURF	RF:					
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. TYPE OF INSURANCE INST. POLICY BUYER POLICY BUYER POLICY BUYER INSURANCE INST. POLICY NUMBER INSURANCE INSURANC											
LTR	TYPE OF INSURANCE	INSR		POLICY NUMBER		(NIMODOYYYYY)	(MIMIDONYYY)	LUMPT	S		
A	GENERAL LIABILITY			EPP0236407	la la	5/15/2014	05/15/2015	EACH OCCURRENCE	\$1,00	0.000	
	X COMMERCIAL GENERAL LIABILITY				- 1			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100.000		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$5,00	0	
	X Garage Liability							PERSONAL & ADV INJURY	\$1,00		
	Symbol 21							GENERAL AGGREGATE	\$1,00		
	GENT AGGREGATE LIMIT APPAIES PER				- 1			PRODUCTS - COMPJOP AGG	\$1,00		
	POLICY PRO LOC								\$		
A	AUTOMOBILE LIABILITY			EPP0236407	lo	5/15/2014	05/15/2015	COMBINED SINGLE LIMIT (En accident)	\$1,00	0,000	
	X ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	s		
	AUTOS AUTOS		i					BODILY INJURY (Per accident)	s		
	HIRED AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	s		
					\rightarrow				S		
A	X UMBRIELLA LIAB X OCCUR EXCESS LIAB CLAME MADE			EPP0236407	P	5/15/2014	05/15/2015	EACH OCCURRENCE	\$10,0	00,000	
	GL/IIMS-ROADE				İ			AGGREGATE	510,0	00,000	
	DED RETENTION \$ 0 WORKERS COMPENSATION			9085		2/28/2014	02/28/2015	X WC STATU- OTH-	S		
3	AND EMPLOYERS' LIABILITY Y/M			3003	ľ	2/20/2014	04/46/4ULS	TORY LIMITS ER	EB		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			Ī			E L EACH ACCIDENT	\$2,00	-	
	(Mandatory in NH) If yes, describe under		- 1		i			EL DISEASE - EA EMPLOYEE	\$2,00	0,00C	
A	DÉSCRIPTION OF OPERATIONS below Garagekeepers		1	EPP0236407		6/18/2014	AF /2F /2025	E.L. DISEASE - POLICY LIMIT	1,000,000		
_	Legal Liabilty		i	EPF0236407	ľ	5/15/2014	05/15/2015	Symbol 30	1,00	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
CERTIFICATE HOLDER CANCE											
Lexington Fayette Urban Co. Government 200 East Main St.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Lexington, KY 40507						AUTHORIZED REPRESENTATIVE Bune W Farguson					

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