



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2015

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 1000067957 Senn Dunn Insurance, A Marsh & McLennan Agency LLC P.O. Box 9375 Greensboro, NC 27429 Timothy B. Templeton, CPCU	1-336-272-7161	CONTACT NAME: Donna Wasserman, MBA, CPCU, CIC PHONE (A/C No. Ext): 704-973-2156 E-MAIL ADDRESS: dwasserman@senndunn.com	FAX (A/C No): 704-886-1883
INSURED Tencarva Machinery Company *Refer to COI Supplement for Extension of Named Insureds 1115 Pleasant Ridge Road Greensboro, NC 27409		INSURER(S) AFFORDING COVERAGE	
		INSURER A: TRAVELERS PROP CAS CO OF AMER	NAIC # 25674
		INSURER B: TRAVELERS IND CO OF CT	25682
		INSURER C: FARMINGTON CAS CO	41483
		INSURER D: ILLINOIS UNION INS CO	27960
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 43170083 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GL Deductible \$0 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			630-5642R212-TIL-14	08/22/14	08/22/15	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS Liability			810-5A658826-TCT-14	08/22/14	08/22/15	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP-5A659221-TIL-14	08/22/14	08/22/15	EACH OCCURRENCE	\$ 25,000,000
							AGGREGATE	\$ 25,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			FUB 4A83875	08/22/14	08/22/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	Y/N <input checked="" type="checkbox"/> N		N/A				E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Contractor's Equipment			630-5642R212-TIL-14	08/22/14	08/22/15	Leased/Rented	150,000
D	Pollution Liability			CPYG27418685001	03/01/15	03/01/16	Aggregate	2,000,000
D	Pollution Liability			CPYG27418685001	03/01/15	03/01/16	Each Occurrence	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is recognized as additional insured in respects to General Liability, when required by written contract between the named insured and the additional insured.

CERTIFICATE HOLDER Lexington Fayette Urban County Government Division of Central Purchasing Sandra Stone 200 East Main Street Lexington, KY 40507 USA	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
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SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
03/02/2015

NAME OF INSURED: Tencarva Machinery Company
*Refer to COI Supplement for Extension of Named Insureds

Named Insured Extension:

- ~ Tencarva Machinery Company
- ~ Hudson Pump & Equipment, a Division of Tencarva Machinery
- ~ Engineering Equipment, a Division of Tencarva Machinery
- ~ Electric Service & Sales, a Division of Tencarva Machinery
- ~ Southern Sales Co, a Division of Tencarva Machinery
- ~ GPM Industries, a Division of Tencarva Machinery
- ~ Pump Technology & Solutions, a Division of Tencarva Machinery