

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/19/2014

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).

	ertificate holder in lieu of such endors						tement on ti	ns certificate does not t	.omei	rigints to the
PRODUCER						CONTACT NAME:				
Pearl Insurance						PHONE FAX (A/C, No, Ext): (A/C, No):				
1200 E Glen Ave						E-MAIL ADDRESS:				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Peoria Heights IL 61616						INSURER A : Continental Casualty Company				20443
INSURED						INSURER B:				
Brandstetter Carroll Inc.					INSURER C:					
2360 Chauvin Dr					INSURER D:					
					INSURER E :					
Lexington KY 40517-3917				40517-3917	INSURE	RF:				
COVERAGES CERTII			CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	EMEN FAIN, CIES. ISUBR	NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY POLICY EFF	OR OTHER ES DESCRIBE PAID CLAIMS POLICY EXP	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
LTR	GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
								EACH OCCURRENCE DAMAGE TO RENTED	\$	
	COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR							MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	CENT ACCRECATE LIMIT ADDITES DED.							PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO- POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(Fel accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liability	N	N	AEH 288364175		11/27/2013	11/27/2014	\$1,000,000 Per Claim/\$2 \$50,000 Deductible	2,000,0	000 Aggregate
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach A	ACORD 101, Additional Remarks \$	Schedule,	if more space is	required)			
CE	RTIFICATE HOLDER				CANO	ELLATION				
Lexington-Fayette Urban County Government 200 East Main Street Lexington, KY 40507						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				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/20/2014

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PRODUCER	CONTACT Melissa Clark				
Energy Insurance Agency Inc	PHONE (A/C, No, Ext): (859) 273-1549 FAX (A/C, No): (859) 272-0075				
PO Box 55268	E-MAIL ADDRESS: mdclark@energyinsagency.com				
	INSURER(S) AFFORDING COVERAGE NAIC #				
Lexington KY 40555	INSURER A: State Auto Property & Casualty 25127				
INSURED	INSURER B:				
Brandstetter Carroll, INC.	INSURER C:				
2360 Chauvin Drive	INSURER D:				
	INSURER E :				
Lexington KY 40517	INSURER F:				
COVEDACES CERTIFICATE NUMBER 12 14	DEVICION NUMBER.				

COVERAGES CERTIFICATE NUMBER:13-14 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		ADDL :		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				,,	,,	EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED \$ 300,000
A	CLAIMS-MADE X OCCUR			BOP2744362	4/23/2013	4/23/2014	MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY		BAP2379693		4/23/2013	4/23/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS			BAP2379693			BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							PIP-Basic \$ 10,000
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$ 4,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED X RETENTION\$ 0			CXS2117619	4/23/2013	4/23/2014	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$ 500,000
	(Mandatory in NH)			WCP2213992	4/23/2013	4/23/2014	E.L. DISEASE - EA EMPLOYEE \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 500,000
550	ORIGINAL OF ORERATIONS / LOCATIONS / VEHICLE	. = 0 (

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

CERTIFICATE HOLDER	CANCELLATION
Lexington-Fayette Urban County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 E Main St Lexington, KY 40507	AUTHORIZED REPRESENTATIVE Erna Everman, AU/ERNA