

CERTIFICATE OF LIABILITY INSURANCE

EMSCO-1 OP ID: WH

01/05/2017

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 Todd Assoc	riates Inc	CONTACT Timothy P. Fitzpatrick	NAME: TIMOTHY P. FITZPATTICK					
	nerce Park, Suite A	PHONE (A/C, No, Ext): 440-461-1101 FAX (A/C, No): 440-4	10-446-0192					
Beachwood Timothy P.		E-MAIL ADDRESS:						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A: Cincinnati Insurance Company	10677					
INSURED	Emsco, Inc., Ohio Pool	INSURER B: Kentucky Employers' Mutual Ins						
	Equipment Supply, Inc. dba O.P. Aquatics	INSURER C: Great American Insurance Co.	16691					
	22350 Royalton Rd	INSURER D:						
	Strongsville, OH 44149	INSURER E:						
		INSURER F:						

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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
Α	Х	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		EPP0220596	12/31/2016	12/31/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	Χ	Emp Liab \$1M					MED EXP (Any one person)	\$	10,000
			_				PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:	_				GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						\$	
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO		EPP0220596	12/31/2016	12/31/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							,	\$	
	Х	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MA	DE	EPP0220596	12/31/2016	12/31/2017	AGGREGATE	\$	5,000,000
		DED X RETENTION\$	0					\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH-		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE		N N/A	EWC029575501 MI	02/15/2016	02/15/2017	E.L. EACH ACCIDENT	\$	500,000
В	(Man	CER/MEMBER EXCLUDED?	⊣ ''`^	295782 KY	05/02/2016	05/02/2017	E.L. DISEASE - EA EMPLOYEE	\$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
С		ess UMB		SBE406723300	12/31/2016	12/31/2017	Limit		5,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Insurance Bid 167-2016 Certificate holder is an additional insured for general liability policy solely in regard to work performed by the named insured per form GA233 02/07 and auto liability per AA4171(11/05)
Coverage for general liability is primary & non-contributory
30 days notice of cancellation w/10 days non-pmt premium

CERT	FICATE	HOLDER	

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Lexington-Fayette Urban County Government Division of Risk Management 200 E. Main St., Suite 925 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

CANCELLATION

Timo lepy P Fetyportuno

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