$ACORD_{ii}$ 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2017

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ertificate holder in lieu of such endor |           |                         | laorsen    | nent A state                                             | ment on this               | certificate does not co | nier rigi | nts to the |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------|-------------------------|------------|----------------------------------------------------------|----------------------------|-------------------------|-----------|------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DUCER                                   |           | CONTACT Roxanne Cameron |            |                                                          |                            |                         |           |            |  |
| J Smith Lanier & Co-Lexington<br>Powell-Walton-Milward<br>P O Box 2030<br>Lexington, KY 40588                                                                                                                                                                                                                                                                                                                                                                                           |                                         |           |                         |            | PHONE (A/C, No, Ext): 800-796-3567 [FAX (A/C, No): 859-2 |                            |                         |           |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |           |                         |            | E-MAIL<br>ADDRESS: rcameron@pwm-jsl.com                  |                            |                         |           |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |           |                         |            | INSURER(S) AFFORDING COVERAGE                            |                            |                         |           |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |           |                         |            | INSURER A : Cincinnati Insurance Co.                     |                            |                         |           |            |  |
| INSURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |           |                         |            | INSURER B: KESA, The Kentucky WC Fund                    |                            |                         |           |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Zipie, LLC                              | 050       | INSURE                  | RC:        |                                                          |                            |                         |           |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 900 Beasley Street, Suite               | 250       | INSURE                  | NSURER D : |                                                          |                            |                         |           |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lexington, KY 40505                     |           | INSURE                  | RE:        |                                                          |                            |                         |           |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |           |                         | 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<br>LTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TYPE OF INSURANCE                       | ADDL SUBR | POLICY NUMBER           |            | POLICY EFF<br>(MM/DD/YYYY)                               | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                  |           |            |  |
| Α                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X COMMERCIAL GENERAL LIABILITY          |           | CPP3651158              |            | 01/01/2017                                               | 01/01/2018                 | EACH OCCURRENCE         | \$1,00    | 0,000      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAIMS-MADE X OCCUR                     |           |                         |            |                                                          | ,                          | DAMAGE TO RENTED        | \$500     | 000        |  |

| Α   | X COMMERCIAL GENERAL LIABILITY                                                       |          | CPP3651158                              | 01/01/2017            | 01/01/2018        | EACH OCCURRENCE                              | s1,000,000  |
|-----|--------------------------------------------------------------------------------------|----------|-----------------------------------------|-----------------------|-------------------|----------------------------------------------|-------------|
| 1   | CLAIMS-MADE X OCCUR                                                                  |          |                                         |                       |                   | DAMAGE TO RENTED<br>PREMISES (En occurrence) | s500,000    |
| l   |                                                                                      |          |                                         |                       |                   | MED EXP (Any one person)                     | s5,000      |
| l   |                                                                                      |          | UL                                      |                       |                   | PERSONAL & ADV INJURY                        | s1,000,000  |
|     | GEN'L AGGREGATE LIMIT APPLIES PER                                                    |          |                                         |                       |                   | GENERAL AGGREGATE                            | \$2,000,000 |
| 1   | POLICY PRO- LOC                                                                      |          |                                         |                       |                   | PRODUCTS - COMP/OP AGG                       | \$2,000,000 |
|     | OTHER                                                                                |          |                                         |                       |                   |                                              | s           |
|     | AUTOMOBILE LIABILITY                                                                 |          | -                                       |                       |                   | COMBINED SINGLE LIMIT<br>(Es accident)       | \$          |
| ı   | ANY AUTO                                                                             |          |                                         |                       |                   | BODILY INJURY (Per person)                   | S           |
| ı   | ALL OWNED SCHEDULED AUTOS                                                            |          |                                         |                       |                   | BODILY INJURY (Per accident)                 | s           |
| ı   | HIRED AUTOS NON-OWNED AUTOS                                                          |          |                                         |                       |                   | PROPERTY DAMAGE<br>(Per accident)            | s           |
|     |                                                                                      |          |                                         |                       |                   |                                              | \$          |
|     | UMBRELLA LIAB OCCUR                                                                  |          |                                         |                       |                   | EACH OCCURRENCE                              | \$          |
|     | EXCESS LIAB CLAIMS-MADE                                                              |          |                                         |                       |                   | AGGREGATE                                    | s           |
|     | DED RETENTIONS                                                                       |          |                                         |                       |                   |                                              | \$          |
| В   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N N N |          | WC10000111872016A                       | 06/30/2016            | 06/30/2017        | X PER OTH-                                   |             |
|     |                                                                                      |          |                                         |                       |                   | E L EACH ACCIDENT                            | s2,000,000  |
|     | (Mandatory In NH)                                                                    |          |                                         |                       |                   | E L DISEASE - EA EMPLOYEE                    | s2,000,000  |
|     | If yes, describe under DESCRIPTION OF OPERATIONS below                               |          |                                         |                       |                   | E L DISEASE - POLICY LIMIT                   | s2,000,000  |
|     |                                                                                      |          |                                         |                       |                   |                                              |             |
|     |                                                                                      |          |                                         |                       |                   |                                              |             |
|     |                                                                                      |          |                                         |                       |                   |                                              |             |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC                                           | LES (ACC | ORO 101, Additional Remarks Schedule, n | nay be attached if my | ore space is requ | fred)                                        |             |

CERTIFICATE HOLDER

CANCELLATION

**Lexington Fayette Urban County** Government 200 E. Main Street Lexington, KY 40507-0000

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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