

BJMOW-1

OP ID: PB

DATE (MM/DD/YYYY)

03/12/12

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). CONTACT 859-225-3661 Mann Sutton and McGee, Ltd. PHONE (AIC, No, Ext) E-MAIL 859-225-8351 1353 Leestown Road Lexington, KY 40508 E-MAIL ADDRESS: Boggs Insurance Agency, inc. INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Auto-Owners Insurance Company 18988 INSURED Kenneth L Brady dba BJ Mowing INSURER B Kenneth L Brady INSURER C 1377 Johnson RD INSURER D Lawrenceburg, KY 40342 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. ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTE PENDING COMMERCIAL GENERAL LIABILITY 03/05/12 03/05/13 50,000 PREMISES (En occurrence) \$ CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG 3 PRO-JECT POLICY \$ AUTOMOBILE LIABILITY MBINED SINGLE LIMIT (Ea accident) 1,000,000 PENDING 03/05/12 03/05/13 BODILY INJURY (Per person) ANY AUTO \$ ALL OWNED AUTOS SCHEDULED χ BODILY INJURY (Per accident). AUTOS NON OWNED PROPERTY DAMAGE HIRED AUTOS AUTOS (Per accident) 9 LIMBRELLA LIAB OCCUR EACH OCCURRENCE g; EXCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYER \$ E.L. DISEASE - POLICY LIMIT Commercial Applica PENDING 03/05/12 03/05/13 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Lawn MowingLawn Care Services 2004 Ford F250 3FTNF20114MA08122 CERTIFICATE HOLDER CANCELLATION LFUCGGG 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 Fayette Urban County Government AUTHORIZED REPRESENTATIVE Contractors Registration Boggs insurance Agency, inc. 200 E.Main Street

Lexington, KY 40502



DATE (MM/DD/YYYY)

03/01/12

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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). CONTACT NAME: PRODUCER 859-269-1044 Carroll & Stone Insurance 859-276-0266 FAX (A/C, No): (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER Services 4384 Clearwater Way, Suite 200 Lexington, KY 40515 Stephen E. Carroll CUSTOMER ID # CENTR-4 INSURER(S) AFFORDING COVERAGE NAIC # Central KY Turf. Inc. INSURED **INSURER A: Motorists Insurance Companies** 14621 173 Payne Street INSURER B : FFVA Lexington, KY 40508 INSURER C: INSURER D 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD GENERAL LIABILITY 1.000.000 EACH OCCURRENCE \$ DAMAGE TO RENTED Х 33.250027-10E 01/01/12 01/01/13 100,000 Δ COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY Ş 2,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG | \$ PRO-JECT POLICY \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ 1,000,000 (Ea accident) 33.250027-10E 01/01/12 01/01/13 Χ ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE X HIRED AUTOS (Per accident)

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

33.250027-10E

33.250027-10E

WC840-0026949-2011A

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LFUCG

Div of Central Purchasing 200 East Main Street

Lexington, KY 40507

Rental Equipment

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NON-OWNED AUTOS

OCCUR

CLAIMS-MADE

UMBRELLA LIAB

EXCESS LIAB

DEDUCTIBLE

RETENTION \$

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below

LFUCGCO

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

EACH OCCURRENCE

AGGREGATE

X WC STATU-TORY LIMITS

Rental Eq

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

g; \$

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1,000,000

1,000,000

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100,000

AUTHORIZED REPRESENTATIVE

CANCELLATION

01/01/12

09/04/11

01/01/12

01/01/13

09/04/12

01/01/13

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DATE (MM/DD/YYYY) 3/15/2012

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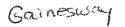
PRODUCER				CONTA	CT Melies	a Danison	**************************************	
Greater Lexingt	on Insuran	ce Age	ncv	PHONE	(0F0	224-2477		
1066 Wellington				IA/C. N E-MAIL	J. La Alli		FAX (A/C, No): (85)	9)224-3128
				ADDRE			***************************************	1
Lexington	KY 4	1513	•	-			RDING COVERAGE	NAIC #
NSURED					RA Acuit	*		14184
 Bainesway Servi	aec.				RB:Agc/S	<u>it</u>		9005
L269 Ak-Sar-Ben				INSUR	RC:			
rada wiemper - Deli				INSUR	RD:			
Lexington	KY 4	0517		INSUR	RE:			
OVERAGES		·	E NUMBER:Master 12	INSURE		***************************************		
CERTIFICATE MAY BE EXCLUSIONS AND CON	HAT THE POLICIE STANDING ANY R ISSUED OR MAY DITIONS OF SUCH	S OF INSU EQUIREME PERTAIN	RANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFOR ILLIMITS SHOWN MAY HAV	AVE BEE	N ISSUED T Y CONTRAC THE POLICI REDUCED BY	O THE INSUR T OR OTHER ES DESCRIBE Y PAID CLAIM!	REVISION NUMBER: ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO A S.	THE PROPERTY AND ADDRESS OF THE PARTY AND
ISR TR TYPE OF INS	URANCE	INSR WVD	POLICY NUMBER	· · · · · · · · · · · · · · · · · · ·	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,0
X COMMERCIAL GENE							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,0
A CLAIMS-MADE	X OCCUR		X37728		3/14/2012	3/14/2013	MED EXP (Any one person) \$	5,0
							PERSONAL & ADV INJURY \$	1,000,0
							GENERAL AGGREGATE \$	2,000,0
GEN'L AGGREGATE LIMIT	APPLIES PER:	-					PRODUCTS - COMP/OP AGG \$	2,000,0
X POLICY PRO- JECT	LOC						\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO							BODILY INJURY (Per person) \$	
ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
HIRED AUTOS	NON-OWNED AUTOS		And a second sec				PROPERTY DAMAGE \$	
							\$	
UMBRELLA LIAB	OCCUR						EACH OCCURRENCE \$	
EXCESS LIAB	CLAIMS-MADE						AGGREGATE \$	
DED RETENT							\$	
WORKERS COMPENSATI AND EMPLOYERS' LIABIL							X WC STATU- OTH-	
ANY PROPRIETOR/PARTN OFFICER/MEMBER EXCLU	ER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$	4,000,0
(Mandatory in NH) If yes, describe under	·		4183		1/1/2012	12/31/2012	E.L. DISEASE - EA EMPLOYEE \$	4,000,00
DESCRIPTION OF OPERA	TIONS below						E.L. DISEASE - POLICY LIMIT \$	4,000,0
ESCRIPTION OF OPERATIONS	/ LOCATIONS / VEHI	CLES (Attacl	ACORD 101, Additional Remark	s Schedul	e, if more space	is required)		
	•							
ERTIFICATE HOLDER	2			CANO	ELLATION		(-9.T.) WELLEN COLUMN C	
	sston	e@lexi:	ngtonky.gov	SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANC	ELLED BEFORE
Lexington F	ayette Urb	an Cou	nty Goverment	THE	EXPIRATION	DATE THE	REOF, NOTICE WILL BE Y PROVISIONS.	DELIVERED IN
Division of	purchasin	g dept		AUTUC	NOTE DESCRIPTION	A Property of		
200 E Main	♀~			I AUTHOR	RIZED REPRESE	NIATIVE		

ACORD 25 (2010/05)

Lexington, KY 40507

Museryaczon

Melissa Danison/MD





DATE (MM/DD/YYYY) 03/07/2012

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.

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(MM/DD/YYYY) (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) s CLAIMS-MADE MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG s POLICY PRO-**AUTOMOBILE LIABILITY** OMBINED SINGLE LIMIT 257 3413-E23-5 11/23/2011 05/23/2012 (Ea accident) ANY AUTO BODILY INJURY (Per person) 1,000,000 \$ ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE HIRED AUTOS \$ 1.000.000 (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE TORY LIMITS E.L. EACH ACCIDENT NIA OFFICE/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE **LFUCG** THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Division of Central Purchasing** 200 E Main St #338 AUTHORIZED REPRESENTATIVE Lexington, KY 40507 reteren Kobertson



1000

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/2/2012

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.

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COMMISSION TO THE PARTY OF THE	ice of ducit c	nonachonio).				
PRODUCER			CONTACT Stephanie Casey			CHOCK CONTRACTOR OF THE PERSON
Al Torstrick In	nsurance	Agency Inc	PHONE (A/C, No, Ext): (859) 233-1461		FAX (A/C, No): (859) 2	81-9450
343 Waller Aver	nue	•	Appress: scasey@altorstri	ick.com		
			PRODUCER CUSTOMER ID #:00005766			
Lexington	KY	40504	INSURER(S) AFFOR	DING COVERAGE		NAIC#
INSURED			INSURERA: Ohio Casualty	Insurance	Co.	24074
			INSURER B: Standard Fire	Insurance	Co.	19070
Gault's Lawn Ca			INSURER C:			
525 Blue Sky Pa	erkway		INSURER D :			
"	***		INSURER E :			
Lexington	KY	40509	INSURER F :			
COVERAGES		CERTIFICATE NUMBER:2011-2012		DEMINING HE	KDED.	ALANDA TOTAL CONTRACTOR OF THE PARTY OF THE

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	SUBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMIT		
	GEI	NERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A.	Î	CLAIMS-MADE X OCCUR	x		BH01253465493	3/30/2011	3/30/2012	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	100,000
		***************************************						PERSONAL & ADV INJURY	s	1,000,000
	<u> </u>							GENERAL AGGREGATE	\$	2,000,000
	-	VL AGGREGATE LIMIT APPLIES PER:				-		PRODUCTS - COMP/OP AGG	ş	2,000,000
	X	POLICY PRO- JECT LOC	<u> </u>	<u> </u>					\$	
!	AUI	FOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ee accident)	\$	
		ALL OWNED AUTOS						BODILY INJURY (Per person)	\$	
	-	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	***************************************
		HIRED AUTOS						PROPERTY DAMAGE (Per accident)	s	
		NON-OWNED AUTOS							\$	
··	_	AMAD DELLA LIA DE			· · · · · · · · · · · · · · · · · · ·	1			\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DEOUCTIBLE							\$	
	LINE	RETENTION S							\$	
B		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N						WC STATU- OTH-		
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE r===++1	N/A					E.L. EACH ACCIDENT	Ş	500,000
	(Mai	ndatory in NH) s, describe under			ICUB3263N286-11	3/30/2011	3/30/2012	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
			.			1				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) LFUCG is an additional insured with respect to the General Liability policy.

CERTIFICATE HOLDER	CANCELLATION
(859) 258-3780 sstone@lexingtonky.gov LFUCG Attn: Sondra Stone 200 E Main St 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
Lexington, Ki 40507	Stephanie Casey/MJA Stephanie Casey

ACORD"

DATE (MM/DD/YYYY)

		03/0	7/2012				
PRODUCER Wallace Barber, State Farm Insurance 340 E. New Circle Rd., Suite 120 Lexington, KY 40505		THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
859-543-0300		INSURERS AFFORDING COVERAGE	NAIC #				
INSURED GAULT'S LAWN CARE	I, INC	INSURER A: State Farm Mutual Auto Insurance Company 25178					
1690 BRYAN STATIC	N RD	INSURER B:					
LEXINGTON KY	40505-2118	INSURER C;					
		INSURER D:					

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER E:

	ADD'L		AT TAVE DEEN REDUCED BY PAID	POLICY EFFECTIVE	POLICY EXPIRATION	Ţ	
LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMIT	rs
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		COMMERCIAL GENERAL LIABILITY	<u> </u>			DAMAGE TO RENTED PREMISES (Ea occurrence)	ş
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$
	-					PERSONAL & ADV INJURY	\$
		GENL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	S
Ì		PRO-				PRODUCTS - COMP/OP AGG	\$
<u> </u>	ļ	X POLICY JECT LOC					
		ANY AUTO	164 6226-E18-17 164 6228-E18-17 164 6230-E18-17	11/18/2011	5/18/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		X ALL OWNED AUTOS SCHEDULED AUTOS	164 6231-E18-17 164 6233-E18-17			BODILY INJURY (Per person)	\$
		HIRED AUTOS X NON-OWNED AUTOS		***************************************		BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY EA ACCIDENT	\$
		ANY AUTO	·			OTHER THAN EA ACC	s
						AUTO ONLY: AGG	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
	WOD	RETENTION \$		}			\$
	EMPL	(ERS COMPENSATION AND OYERS' LIABILITY		To the second se		WC STATU- OTH- TORY LIMITS ER	
	ANY F	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes,	describe under AL PROVISIONS below				EL DISEASE - EA EMPLOYEE	S
	OTHE					E.L. DISEASE - POLICY LIMIT	\$
	01110	- Production					
DESC	RIPTI	ON OF OPERATIONS / LOCATIONS / VE	HICLES / EXCLUSIONS ADDED BY END	DORSEMENT / SPECIA	L PROVISIONS		

CERTIFICATE HOLDER

CANCELLATION

Lawn Care

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL Se DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR. REPRESENTATIVES.

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WO LOCATIONS:

CERTIFICATE OF LIABILITY INSURANCE

Page 1 -of 1 -3/6/2012 4:54

DATE (M M/DD/YY) 03/06/2012

DDUCER	_
TELL VINCOTTALINGUIDANOE	Ĉ

61 BLAKE WAY, MT STERLING, KY 40353

859) 278-3487

ELLY WOOTEN INSURANCE AGENCY, INC.

320 CLAYS MILL RD. #109, LEXINGTON, KY 40503

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INSURERS AFFORDING COVERAGE

CHARLES HAPPY DBA HAPPY GENERAL CONTRACTING DBA HALE'S CLEANING SERVICE 141 PINEUR DR. RICHMOND. KY 40475

 <u> </u>		
INSURER A:	STATE AUTO MUTUAL INS CO	
INSURER B:	KENTUCKY EMPLOYERS MUTUAL INS CO	
INSURER C.	UNITED FINANCIAL CASUALTY COMPANY	
INSURER D:		
INSURERE:		

VERAGES

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 OLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/OD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	1.00	
GENERAL LIABILITY		DATE (MINIODIYY)	DATE (MIMIDDITY)	**************************************	
X COMMERCIAL GENERAL LIABILITY	SPP 2460902	06/08/2011	06/08/2012	EACH OCCURRENCE	s 1,000,000
CLAIMS MADE X OCCUR				FIRE DAMAGE (Any one fire)	s 100,000
				MED EXP (Any one person)	\$ 5,000
		, , , , , , , , , , , , , , , , , , ,		PERSONAL & ADV INJURY	s 1,000,000
GEN'L AGOREGATE LIMIT APPLIES PER:			Wall-states	GENERAL AGGREGATE	s 2,000,000
X POLICY PRO-		š 		PRODUCTS - COMPIOP AGG	\$ 2,000,000
AUTOMOBILE LIABILITY					
ANY AUTO	#05558542 2005 CHEVR 3500	12/29/2011	12/29/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X SCHEDULED AUTOS	#1GCHK33215F840322			BODILY INJURY (Per person)	\$
X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	S
ANY AUTO				OTHER THAN EA ACC	\$
				AUTO ONLY: AGG	\$
EXCESS LIABILITY	SPP 2460902	06/00/0044	00/00/00/0	EACH OCCURRENCE	s 1,000,000
X OCCUR CLAIMS MADE	G: ; 2400302	06/08/2011	06/08/2012	AGGREGATE	\$ 1,000,000
					\$
DEDUCTIBLE					\$
X RETENTION \$ 0					S
WORKERS COMPENSATION AND	372633	4514455		X WCSTATU- OTH-	
EMPLOYERS' LIABILITY	37.2033	12/14/2011	12/14/2012	E.L. EACH ACCIDENT	\$ 100.000
7				E.L. DISEASE - EA EMPLOYEE	
					\$ 500,000
OTHER		·····			* 000,000
					•
CRIPTION OF OPERATIONS/LOCATIONS/VEH	HICLES/EXCLUSIONS ADDED BY ENDORSE	EMENT/SPECIAL PROVISION	<u> </u> S		

ORRECTED COPY OF CERTIFICATE ISSUED ON 03/01/2012

RITFICATE MOLDER ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
200 EAST MAIN ST., SUITE 925	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN
LEXINGTON, KY 40507	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR

REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Selly Woods

ORD 25-S (7/97)

258-3322

© ACORD CORPORATION 1988



DATE (MM/DD/YYYY) 3/12/2012

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

ti C	e terms and conditions of the policy ertificate holder in lieu of such endor	, certa semer	in policies may require an e it(s).	ndorsement. A st	atement on th	nis certificate does not confer	rights to the		
V-1000	DUCER .			CONTACT Stephanie Casey					
Al	Torstrick Insurance Age	ייי ויי	Tnc	PHONE (A/C, No, Ext): (859	1) 233 - 1461	FAX (GEO)			
	3 Waller Avenue	Y	- Aug	(A/C, No. Ext): \ 035 E-MAIL ADDRESS: SCASE)	.) ヤココーエボロエ	FAX (A/C, No); (859)	281-9450		
~ 4				PRODUCER CUSTOMER ID # 0 0 0	07826	LCK. COII			
Le	xington KY 40	504				RDING COVERAGE			
	RED		The second secon			mnity Insurance	NAIC#		
						Mutual Insurance	18333		
J	& S Turf Mowing Inc.			INSURER C :	-F-OX-TB.	warest misurdice			
17	06 Banbury Court			INSURER D :		PRINCE	-		
				INSURER E :					
Le	xington KY 40	505		INSURER F :		POWER TO THE PROPERTY OF THE P			
			ATE NUMBER:2012-2013			REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERTA POLIC	:MENT, FERM OR CONDITION NN, THE INSURANCE AFFORD NES. LIMITS SHOWN MAY HAVE	OF ANY CONTRAC ED BY THE POLIC EBEEN REDUCED E	TO THE INSUR OT OR OTHER IES DESCRIBE BY PAID CLAIMS	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALI S.	~		
INSR LTR		ADDL S		POLICY EFF (MM/DD/YYYY	POLICY EXP () (MM/DD/YYYY)	LIMITS			
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
A	CLAIMS-MADE X OCCUR		CBP8578887	1/8/2012	1/8/2013	MED EXP (Any one person) \$	15,000		
						PERSONAL & ADV INJURY \$	1,000,000		
						GENERAL AGGREGATE S	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			J. de		PRODUCTS - COMP/OP AGG \$	2,000,000		
	X POLICY PRO-					\$			
	AUTOMOBILE LIABILITY ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000		
A	ALL OWNED AUTOS	i l	BA8570288	1/8/2012	1/8/2013	BODILY INJURY (Per person) \$			
	X SCHEDULED AUTOS			. ,	',	BODILY INJURY (Per accident) \$			
	X HIRED AUTOS				**************************************	PROPERTY DAMAGE (Per accident) \$			
	NON-OWNED AUTOS			1999 I Aug		Underinsured motorist \$			
	りRisoの位によることの					Uninsured motorist combined \$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAMS MADE		J			EACH OCCURRENCE \$			
	CLAINS-WADE					AGGREGATE \$			
	DEDUCTIBLE					\$			
В	RETENTION \$ WORKERS COMPENSATION	-			1	\$ STATE OTH			
Ð	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER/EXECUTIVE TO THE PARTNER					WC STATU- OTH- TORY LIMITS ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	380197	4/2/2011	4/2/2012	E.L. EACH ACCIDENT \$	500,000		
	If yes, describe under		~ # A # ? \	*/ #/ &Vil	./ 6/ £ V £ £	E.L. DISEASE - EA EMPLOYEE \$	500,000		
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	500,000		
							L. Vr. diene		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	tach ACORD 101, Additional Remarks	Schedule If more con-	o ic required)				
Ja	son Decker is excluded from W	orker	s Compensation coverag	. оснесние, я more spac С .	e is required)				
CF	RTIFICATE HOLDER			CANCELLATION					
			l	CANCELLATION	ļ				
(85	9) 258-3780 LFUCG	·		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Contractors Registrati 200 E Main St Lexington, KY 40507	ıon	T. Control and the Control and	AUTHORIZED REPRES	ENTATIVE				
	acamangeon, na wood/								

Stephanie Casey/SMC



LANDS-2

OP ID: DW

DATE (MM/DD/YYYY) 03/14/12

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 Kentucky Insurance Group LLC P O Box 910828 Lexington, KY 40591-0828 Joe Downs		859-277-8877 859-252-5831	PHONE (A/C, No. Ext): FAX (A/C, No. Ext):	No):
			E-MAIL ADDRESS:	
			INSURER(S) AFFORDING COVERAGE	NAIC #
			INSURER A: Ohio Casualty Insurance	24066
INSURED	Landscape Supply & Design		INSURER B : Bridgefield Casualty Ins. Co.	34169
	Judy G. Combs dba 2164 Mackey Pike Nicholasville. KY 40356		INSURER C ;	
			INSURER D:	
	·		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 SIGNAL POLICIES IN THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

I	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY	Х		CBP8592213	01/26/12	01/26/13	DAMAGETO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	5,000
	<u> </u>		ĺ	Į.		Í	PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AG GREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					į	PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- LOC		-			1		\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Es accident)	\$	1,000,000
Α	ANY AUTO	Х		CBP8592213	03/13/12	01/26/13	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS		1				BODILY INJURY (Per accident)	\$	
	X HRED AUTOS X NON-OWNED		İ				PROPERTY DAMAGE (Per accident)	\$	
1.	The same of the sa	<u> </u>	İ		Ì	ĺ		\$	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
А	EXCESS LIAB CLAIMS-MADE]		CU8597513	01/26/12	01/26/13	AGGREGATE	\$	1,000,000
<u> </u>	DED X RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS EP		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	1	0196-20147	03/13/12	03/31/13	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						É.L. DISEASE - POLICY LIMIT	\$	1,000,000
		İ		-	-			· 	
							ļ		
]					
nee	ASSERIPTION OF OPERATIONS / OCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schadule if more space is required)								

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

Certificate holder LFUCG is an additional insured with regards to general liability and commerical auto coverage. See following page for 30 day cancellation wording.

CERTIFICATE HOLDER	CANCELLATION
LFUCG RE: RM Bld # 10-2012 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	Joe Downs

0411051148101



ALR054

DATE (MM/DD/YYYY) 03-08-2012

THIS CERTIFICATEIS 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/lies must be endorsed. If SURPOGATIONIC WANTED

the terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).	n endorsement. A statement on this certificate does not confer rights to the				
PRODUCER	CONTACT NAME:				
USAA INSURANCE AGENCY INC/PHS	BUONE				
812846 P:(888)242-1430 F:(877)905-0457	I E-MAIL				
PO BOX 33015	ADDRESS: PRODUCER				
SAN ANTONIO TX 78265	CUSTOMERID #:				
INSURED	INSURERIS) AFFORDING COVERAGE NAIC #				
INSURED	INSURER A: Sentinel Ins Co LTD				
LEX LAWN LLC	INSURER B:				
1045 FONTAINE RD	INSURER C:				
LEXINGTON KY 40502	INSURER D:				
	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 INSUBED NAMED ABOVE FOR THE BOLICY SERVICE				
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITI	ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS				
INSR ADDL SUBR	POLICY FEE POLICY EXP				
LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER GENERAL LIABILITY					
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Es occurrence) \$1,000,000				
A CLAIMS-MADE X OCCUR	MED EXP (Any one person) s 10,000				
X General Liab X 33 SBM BM90	33 12/07/2011 12/07/2012 PERSONAL & ADV INJURY \$ 1,000,000				
	GENERAL AGGREGATE \$ 2,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$ 2,000,000				
POLICY X PRO-	s				
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000				
ANY AUTO					
ALL OWNED AUTOS	BODILY INJURY (Per person) \$				
X SCHEDULED AUTOS	BODILY INJURY (Per accident) \$				
HIRED AUTOS 65 UEC JW392	26 02/16/2012 02/16/2013 PROPERTY DAMAGE (Per accident) \$				
NON-OWNED AUTOS	\$				
	\$				
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$				
DEDUCTIBLE	\$				
RETENTION \$	s				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC STATU- OTH- TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE	E.L. EACH ACCIDENT \$				
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$				
	C.L. DISEASE - FOLICY LIMIT 3				
DESCRIPTION OF ORENTTONIC / OCCUPATIONS / UP 1/0/0/50 (Asset of the control of th					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks S					
Those usual to the Insured's Operation	.S.				
CERTIFICATE HOLDER	CANCELLATION				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED				
	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE				
LFUCG	DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
200 E MAIN ST	AUTHORIZED REPRESENTATIVE				
LEXINGTON, KY 40507	m_ m_ //				
	Tax Taillow				



DATE (MM/DD/YYYY) 3/1/2012

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.

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the terms and certificate ho	d conditions o	of the policy, such endors	certain	policies may require an e	endorsen	nent. A stat	ement on th	is certificate does not confer	rights to the		
PRODUCER						CONTACT Paula York					
Greater Lexington Insurance Agency						PHONE (ASS) 224-2477 (ASS, No. Ext): (859) 224-3128					
1066 Wellington Way						(A/C, No. Ext): (859) 224-3128 E-MAIL ADDRESS: PYOTK@greaterlexins.com					
								DING COVERAGE	NAIC #		
Lexington		KY 405	513		INSURER		Auto Mut		25135		
INSURED								operty & Casualty	25127		
Lexington	Turf Mai:	ntenance	, LLC	J .	INSURE	c:Agc/si	f	<u> </u>	9005		
1168 Devo:	aport Cir				INSURER	₹D:					
					INSURE	₹E;					
Lexington		KY 40	504		INSURE	₹F:					
COVERAGES				TENUMBER:Master 12				REVISION NUMBER:			
INDICATED. N CERTIFICATE EXCLUSIONS	NOTWITHSTANI MAY BE ISSU	DING ANY RE ED OR MAY F INS OF SUCH I	QUIREN PERTAI POLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFÖRI ES. LIMITS SHOWN MAY HAV	V OF ANY DED BY VE BEEN F	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALI S.	O MULICH THIS 1		
INSR LTR	TYPE OF INSURAN	CE	ADDL SU	BR VD POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
GENERAL LI	ABILITY							EACH OCCURRENCE \$	1,000,000		
Х сомме	RÇIAL GENERAL I	JABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000		
A CL	AIMS-MADE X	OCCUR		SOC2473000		11/4/2011	11/4/2012	MED EXP (Any one person) \$	5,000		
								PERSONAL & ADV INJURY \$	1,000,000		
					-			GENERAL AGGREGATE \$	2,000,000		
GEN'L AGGR	EGATE LIMIT APPI	LIES PER:						PRODUCTS - COMPIOP AGG \$	2,000,000		
X POLICY	PRO- JECT	LOC						\$			
AUTOMOBIL	E LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000		
B ANY AU								BODILY INJURY (Per person) \$			
ALL OW AUTOS	AL	CHEDULED JTOS		BAP2236161	ĺ	11/4/2011	11/4/2012	BODILY INJURY (Per accident) \$			
X HIRED	AUTOS X NO	ON-OWNED JTOS			1			PROPERTY DAMAGE \$			
								\$			
X UMBRE	LLA LIAB	OCCUR						EACH OCCURRENCE \$	1,000,000		
A EXCES	S LIAB	CLAIMS-MADE						AGGREGATE \$			
DED	RETENTIONS	.		SOC2473000		11/4/2011	11/4/2012	\$			
	OMPENSATION YERS' LIABILITY							X WC STATU- OTH- TORY LIMITS ER			
ANY PROPRI	ETOR/PARTNER/EX	XECUTIVE Y/N	N/A		ļ			E.L. EACH ACCIDENT \$	4,000,000		
(Mandatory i	n NH)			19844-0		1/1/2012	12/31/2012	E.L. DISEASE - EA EMPLOYEE \$	4,000,000		
If yes, describ DESCRIPTIO	N OF OPERATION	S below					A. A. A. A. A. A. A. A. A. A. A. A. A. A	E.L. DISEASE - POLICY LIMIT \$	4,000,000		
					ļ				Ì		
DESCRIPTION OF	OPERATIONS / LO	CATIONS / VEHIC	LES (At	ach ACORD 101, Additional Remar	rks Schedui	e, if more space	is required)				
	,								-		
									-		
CERTIFICATE	HOLDER				CANC	ELLATION					
(859) 258-	3780	sston	e@lez	cingtonky.gov	SHO	ULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE CANCE	LLED BEFORE		
Lexi	ngton Fay	ette Urb	an Co	ounty Goverment				EREOF, NOTICE WILL BE D CY PROVISIONS.	ELIVERED IN		
200 1	sion of C E Main St ngton, KY		urcha	ısıng	AUTHO	RIZED REPRES	ENTATIVE		MACALISTICAL CONTINUES OF THE PARTY OF THE P		
	-				Paula	a York/PY	?	Bue !	dank		



DATE (MM/DD/YYYY) 3/30/2012

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.

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C	rtificate holder in lieu of such endo	seme	nt(s)					no continuate doc	-3 1101 61	JIIIGI	ngins to the
PRO	DUCER	CONTACT Paula York									
Greater Lexington Insurance Agency						PHONE (A/C, No, Ext): (859) 224-2477 FAX (A/C, No): (859) 224-3128					
1066 Wellington Way						E-MAIL ADDRESS: pyork@greaterlexins.com					
							····	DING COVERAGE		***********	NAIC#
Le:	kington KY 40	513	1		INSURI	RA:Acuit				*******************	14184
INSU	RED					RB Agc/s			,		9005
MC	GEE SPRINGS INC				INSUR	····					
21	INDUSTRY PKWY STE 5				INSURI						
					INSUR	***************************************	,,	***************************************			:
NI	CHOLASVILLE KY 40	356	;		INSUR						
				NUMBER:Master 12				REVISION NUM			
T	IS IS TO CERTIFY THAT THE POLICIE	S OF	INSUF	RANCE LISTED BELOW HA	VE BE	EN ISSUED TO	O THE INSUR	ED NAMED ABOVI	E FOR TH	HE PC	LICY PERIOD
C	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUIF PER1	REMEI FAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	T OR OTHER ES DESCRIBE	DOCUMENT WITH	I RESPE	OT TO	WHICH THIS
Ε.	(CLUSIONS AND CONDITIONS OF SUCH	POL	CIES.	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS),		11-1-	TIME LETTING
INSR LTR	TYPE OF INSURANCE	INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	GENERAL LIABILITY							EACH OCCURRENCE	E	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	100,000
A	CLAIMS-MADE X OCCUR			K86811		3/1/2011	3/1/2012	MED EXP (Any one pe	- 1	\$	5,000
								PERSONAL & ADV IN	JURY	\$	1,000,000
								GENERAL AGGREGA	ATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/	OP AGG	\$	2,000,000
• • • • • • • • • • • • • • • • • • • •	X POLICY PRO- JECT LOC									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE ((Ea accident)	LIMIT	\$	1,000,000
A	ANY AUTO ALL OWNED Y SCHEDULED			YLO C O T T				BODILY INJURY (Per	person)	\$	
	AUTOS AUTOS			K86811		3/1/2011	3/1/2012	BODILY INJURY (Per		\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	-	\$	
	X 19	4						Underinsured motorist	Bl split	\$	1,000,000
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E	\$	1,000,000
A	X EXCESS LIAB CLAIMS-MADE			***************************************		3/1/2011	2 /1 /2012	AGGREGATE		\$	1,000,000
В	DED RETENTION \$ WORKERS COMPENSATION	 		K86811		3/1/2011	3/1/2012	WC STATE	OTH-	\$	
ב	AND EMPLOYERS' LIABILITY Y/N							X WC STATU- TORY LIMITS	LER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		19560		1/1/2012	12/31/2012	E.L. EACH ACCIDENT		\$	4,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				.00		12/31/2012	E.L. DISEASE - EA EI			4,000,000
	DESCRIPTION OF OPERATIONS below	 						E.L. DISEASE - POLIC	CY LIMIT	\$	4,000,000
			-								
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (Attach	ACORD 101, Additional Remarks	Schedu	le. if more space	(s required)				
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(00	2,230-3700 sston	⊆@T (CXII	ngtonky.gov				ESCRIBED POLICII REOF, NOTICE			
	Lexington Fayette Urb	an /	٠٠٠١٠٠	ity Government				Y PROVISIONS.	7 % 1 Mark D	_ DE	- The Mark IN
	Purchasing dept		ul	rol goverment							
	200 E Main St				AUTHO	RIZED REPRESE	NTATIVE		-		
	Lexington, KY 40507										

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Sec. 1	P EN	in Burnell
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03/08/2012

PRODUCER

Howard Shelton State Farm. 2614 Richmond Rd Plaza Lazington KY 40509 THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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933 Whitney Ave. Lexington, Ky. 4050801/24/2012

INSURERS AFFORDING COVERAGE							
INSURER A State Ferm Fire and Cesualty Company 25143							
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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERMFOR 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.

INSR	ABOL RESERVED TYPE OF INSURANCE	2.1 (2.2 × 2.3 m) field Van Ger V 2.3 ((m) field 3 m) for any local field of 1.2 (2.2 field). ###################################	POLICY EFFECTIVE	FOLICY EXPIRATION	and the second of the second content of the second of the		STATE AND STATE OF THE STATE OF
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	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTEL! PREMISES (Se accuming)	18	500,000
	GLANAS MADE X OCCUR				MED EXP (Any one person)	ĺs.	5,00G
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	HIRED AUTOS				SCOLY MUSEY	-	The state of the s
4	NON-OWNED AUTOS				(Frenscoland)	1	
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					(Percue)	S	50,000
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	CATTORRANGER EXCLUSED?	a visit			EL FACH ACCIDENT	: 9 	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS LAND CARE SERVICES

CERTIFICATE HOLDER

organ 200 E. Main St. Lexington, Ky. 40507

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE MISURER, IT'S AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

ACORO 25 (2001/08) 182649 03-13-2007 The registration notices indicate ownership of the marks by their respective content

BACORD CORPORATION 1985, 2007 All rights reserved



2MCLA-1

OP ID: B2

500,000

500,000

500,000

DATE (MMIDDIYYYY)

03/08/12

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 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 MBA Insurance Group - Berea KY 3960 Red Bank Road Suite 100 PHONE (A/C, No. Ext): E-MAIL FAX (A/C, No): Cincinnati, OH 45227 Sandra Lee Baker ADDRESS INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Motorists Mutual Insurance Co. 14621 MBURED Scina Lawn Care Services, LLC INSURER B 111 Pennington St Berea, KY 40403 INSURER C INSURER D : 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. ADDL SHAR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE INSR WWD POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 1,000,000 Α X COMMERCIAL GENERAL LIABILITY 3328312060 02/26/12 02/26/13 100,000 PREMISES (Ea occurren X CLAIMS-MADE OCCUR MED EXP (Any one person) 5,000 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG 2,000,000 PRO-POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 500,000 ANY AUTO 3328312060 02/26/12 02/26/13 BODILY INJURY (Per person) ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED X X PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS 3 UMBRELLA LIAB X OCCUR 1,000,000 EACH OCCURRENCE \$ **EXCESS LIAB** Δ CLAIMS-MADE 3328312060 02/26/12 02/26/13 AGGREGATE 1,000,000 \$ DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

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

3326312060

CERTIFICATE HOLDER	CANCELLATION
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 Sandra Lee Baker

02/26/12

02/26/13

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE S

E.L. DISEASE - POLICY LIMIT S

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

(Mandatory in NH)



SOMET-1

OP ID: ED

DATE (MM/OD/YYYY) 02/29/12

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 NAME Insurance Associates of KY PHONE (A/C, No. Ext): E-MAIL 2704 Old Rosebud, Suite 180 FAX (A/C, No): Lexington, KY 40509 ADDRESS Eric Dodson INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Midwestern Insurance Alliance Somethin Bloomin, LLC INSURED INSURER B : State Auto Insurance Co. Cindy England INSURER C : 1855 Norfolk Drive Lexington, KY 40503 INSURER D : 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. ADDL SUBR POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSR WVD LIMITS GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ В COMMERCIAL GENERAL LIABILITY SOC246914003 DAMAGE TO RENTED 05/21/11 05/21/12 100,000 \$ PREMISES (Ea occurrence) CLAIMS-MADE | X OCCUR 5,000 MED EXP (Any one person) S 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ POLICY PRO-JECT \$ AUTOMOBILE LIABILITY OMBINED SINGLE LIMI (Es accident) ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED RETENTION \$ WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? MX101067016C 10/25/11 10/25/12 1,000,000 E.L. EACH ACCIDENT NIA (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1.000.000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Landscape Gardening CERTIFICATE HOLDER CANCELLATION LEXIN-2 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 Fayette Urban Co. G AUTHORIZED REPRESENTATIVE 200 E. Main St. Suite 925 Eric Dodson Lexington, KY 40507



SHELTER INSURANCE COMPANIES

AUTOMOBILE EVIDENCE OF INSURANCE AS OF 03/08/2012

NAME AND ADDRESS OF NAMED INSURED: ENGLAND, CINDY 1855 NORFOLK DR LEXINGTON, KY 40503-1922

AGENT. H. GENE YOUNG - LUTCF 101 MALABU DR #9 LEXINGTON, KY 40503 (859) 277-4225 AGENT NUMBER 16-B615-55

Policy Number: 16-1-5662312-3

Effective Date: 10/26/2011, 03:47 PM Central Time Expiration Date: 04/26/2012, 12:01 AM Central Time

This policy will continue to renew as long as we offer to renew it and you pay the required premium by the due date.

THE DESCRIBED AUTOMOBILE IS A 2000 GMC SIER 1500 2W SL EXT VEHICLE IDENTIFICATION # 2GTEC19V3Y1380713

The limit of the company's liability is stated in the policy and applies as follows:

COVERAGE	A BODILY INJURY		B PROPERTY DAMAGE	C MEDICAL PAYMENTS	D ACCIDENTAL DEATH	E UNINSURED MOTORISTS		F COLLISION	g Comprehensive	J REIMBURSEMENT FOR EMERGENCY ROAD SERVICE
LIMIT	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT	EACH PERSON	EACH PERSON	EACH PERSON	EACH ACCIDENT		\$500	'EACH DISABLEMENT
	SLL: \$1000000	SLL: \$1000000	SLL: \$1000000					DEDUCTIBLE	DEDUCTIBLE	
PREMIUM		Х							X	<u> </u>

DISCOUNTS REFLECTED IN THE PREMIUM: Multi-Car Discount, Safe Driver - 3 Year

PREMIUM \$403.10

ADDITIONAL LISTED INSUREDS:

THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

A-602.2-A

Additional Insured(s) Under Written Lease Endorsement

A-590.0-A

No-Fault Coverage P

A-547.3-A A-624.1-A

Single Limit of Liability Amendatory Endorsement - Kentucky

Kentucky Amendatory Endorsement

A-682.3-A

ADDITIONAL INSURED/LEASE FM FACILITY MAINTENANCE CO 10 COLUMBUS BLVD HARTFORD, CT 06106-1976 LOAN NO.

RATE CLASST2N	TERRITORY 050	TERM 06 MONTHS
COST SYMBOL 017	PACKAGE CODE 2	TIER 2000

GENT	
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OPID JS

DATE (MM/DD/YYYY)

02/29/12

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.

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PRODUCER		CONTACT NAME:					
Creech & Stafford Ins A 210 Malabu Drive, Suite Lexington KY 40502-3252	∋້200	PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: PRODUCER CLISTOMER ID # - Z/KBCO - 1					
Phone: 859-253-1371 Fax: 859-233-9831		CUSTOMER ID #: ZIKBCO-1	· · · · · · · · · · · · · · · · · · ·				
TICE CTACTOTATION	K:019-213-301L	INSURER(S) AFFORDING COVERAGE	NAIC#				
ZKB Services LLC.		INSURER A: Auto-Owners Insurance Co	18988				
		INSURER B: Ohio Casualty	24074				
130 Computrex Dr. Nicholasville KY 4	10356	INSURER C:					
		INSURER D:					
		INSURER E :					
		INSURER F:					
COVERAGES CER	TIFICATE NUMBER:	REVISION NUMBER:	THE REAL PROPERTY OF THE PROPE				

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.

SR	TYPE OF INSURANCE	INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
3	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			CBP7043273		07/13/12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000 \$ 100000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5000
				va magazina			PERSONAL & ADV INJURY	\$ 1000000
ļ					į		GENERAL AGGREGATE	\$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- JECT LOC						PRODUCTS - COMPIOP AGG	\$ 2000000 \$
3	AUTOMOBILE LIABILITY X ANY AUTO			BA1003482			COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
•	ALL OWNED AUTOS			DA1003462	10/16/11	10/16/12	BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
3	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
3	X NON-OWNED AUTOS							\$
_						<u> </u>		\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					<u> </u>	AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
۱ ا	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN			52004334	10/30/11	10/30/12	X WC STATU- OTH- TORY LIMITS ER	
Ì	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 100000
- ((Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 100000
	DESCRIPTION OF OPERATIONS below		<u> </u>	·			E.L. DISEASE - POLICY LIMIT	\$ 500000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC			for				

CERTIFICATE HOLDER

LFUCG-1

Lexington Fayette Urban County Government

Division of Purchasing 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

CANCELLATION

Joseph L. Stafford

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