

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2013

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.

th	PORTANT: If the certificate holder in e terms and conditions of the policy rtificate holder in lieu of such endor	, cer	tain p	oolicies may require an er								
PRODUCER						CONTACT						
The Odell Studner Group, LLC 100 Matsonford Road Building 3						NAME: PHONE (A/C, No, Ext):610-995-0948 [
Radnor PA 19087						INSURER(S) AFFORDING COVERAGE NAIC						
· taa	10.174.10007				INICIIDI	ER A :Zurich A					16535	
INSURED						INSURER B:						
People Plus, Inc.												
1095 Nebo Road						INSURER C : INSURER D :						
Madisonville KY 42431-8829												
						INSURER E : INSURER F :						
CO	/ERAGES CER	CATI	E NUMBER: 1716759167				REVISION NU	EVISION NUMBER:				
TH IN CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R PRIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	OF EQUII PER POL	INSUI REME FAIN, ICIES.	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	VE BEE OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	ED NAMED ABOV DOCUMENT WIT D HEREIN IS SU	/E FOR TI H RESPEO IBJECT TO	CT TO D ALL	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
	GENERAL LIABILITY							EACH OCCURREN		\$		
COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
	CLAIMS-MADE OCCUR							MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
								GENERAL AGGRE	GATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM	P/OP AGG	\$		
	POLICY PRO- JECT LOC							COMBINED SINGL	FIIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)		\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	AUTOS AUTOS NON-OWNED							PROPERTY DAMA	,			
	HIRED AUTOS AUTOS							(Per accident)		\$		
	UMBRELLA LIAB OCCUB											
	EVOTOO LIAD							EACH OCCURREN	CE	\$		
	CLAIWS-WADE	1						AGGREGATE		\$		
Α	DED RETENTION \$ WORKERS COMPENSATION			WC343474811		1/1/2013	1/1/2014	X WC STATU- TORY LIMITS	ОТН-	Ф		
	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	I ER	\$1,000	000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A							CIDENT \$1,000,000 - EA EMPLOYEE \$1,000,000			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - PO		\$1,000		
	DESCRIPTION OF OPERATIONS DEIOW							E.E. DIOLAGE - 1 O	LIOT LIMIT	ψ1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)												
CERTIFICATE HOLDER						CANCELLATION						
Lexington-Fayette Urban County Government-Div of Central Processing 200 East Main St, Room 338 Lexington KY 40507 USA						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						