BLUEUNI-01

WMARSHALL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/11/2012

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

PRODUCER License # BR-1044194 Van Meter Insurance Group PO Box 1779 Bowling Green, KY 42102-1779					CONTACT NAME: PHONE (A/C, No, Ext): 1 (270) 781-2020 E-MAIL ADDRESS.											
											ADDRESS: INSURER(S) AFFORDING COVERAGE					NAIC#
											INSURER A : Ohio Casualty Group					24074
					BLUEGRASS UNIFORMS, INC 3533 Dahlia Way Bowling Green, KY 42101					INSURER B : Technology Insurance Company					##TOT T	
										INSURER C:						
INSURER		••														
INSURER	***************************************															
INSURER F:																
co	VERAGES CER	TIFIC	CATE	E NUMBER:	MOOKEK	Г.		REVISION NUMBER:	·	<u> </u>						
II C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F PERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIC THE INSURANCE AFFOR	ON OF AN	IY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s							
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000						
Α	X COMMERCIAL GENERAL LIABILITY			BOP3882501	***************************************	7/6/2012	7/6/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000						
	CLAIMS-MADE X OCCUR	NAME OF THE PERSONS ASSESSED.		20000000000000000000000000000000000000	ĺ	1		MED EXP (Any one person)	\$	5,000						
			ALL COLORS					PERSONAL & ADV INJURY	\$	1,000,000						
			Ì					GENERAL AGGREGATE	\$	2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000						
	POLICY PRO-				İ				\$							
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000						
Α	ANY AUTO ALL OWNED X SCHEDULED AUTOS AUTOS		-	ВА3882500		7/6/2012	7/6/2013	BODILY INJURY (Per person)	\$							
			VF 8000000					BODILY INJURY (Per accident)	\$							
	X HIRED AUTOS X NON-OWNED AUTOS				-			PROPERTY DAMAGE (Per accident)	\$							
					and the same of th				\$							
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$							
	EXCESS LIAB CLAIMS-MADE				İ			AGGREGATE	\$							
	DED RETENTION\$	<u> </u>							\$							
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X WC STATU- OTH- TORY LIMITS ER								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TWC3326844		7/12/2012	7/12/2013	E.L. EACH ACCIDENT	\$	2,000,000						
	(Mandatory in NH)	'''						E.L. DISEASE - EA EMPLOYEE	\$	2,000,000						
	If yes, describe under DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$	2,000,000						
		İ														
		1) }												
			ĺ													
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (Attach	ACORD 101, Additional Remarks	s Schedule,	if more space is	required)									
						,										
CE	RTIFICATE HOLDER				CANC	ELLATION										
	Lexington Fayette County G 200 East Main St.	nmer	nt	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					AUTHORIZED REPRESENTATIVE											
					Philo Scherchin											