

CERTIFICATE OF LIABILITY INSURANCE

TENNI-1

OP ID: DO

DATE (MM/DD/YYYY) 10/19/15

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 Don Young Insurance Agency,Inc 323 N Main Street PO Box 99 Waterviiet, MI 49098 Jeffrey D Young		269-463-6773 269-463-6772				
			INSURER(S) AFFORDING COVERAGE	NAIC#		
			INSURER A: Home Owners Insurance	26638		
INSURED	Tennis Courts Unlimited P O Box 156 364 N Main St Watervliet, MI 49098		INSURER B: Auto Owners Ins Co	18988		
			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.

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
A	X COMMERCIAL GENERAL LIABILITY	X		16314324	12/31/14	12/31/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
	NO. 1 1000 NO. 1000						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 PRO- JECT LOC		100741 1170					\$	
	AUTOMOBILE LIABILITY					- 1503 - 1-13-12	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	ANY AUTO			4442341300	04/29/15	04/29/16	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	B 62 - 29
								\$	
	X UMBRELLA LIAB X OCCUR		CT CORE PRODUCTIVE				EACH OCCURRENCE	\$	2,000,000
В	EXCESS LIAB CLAIMS-MADE			4740380800	12/31/14	12/31/15	AGGREGATE	\$	2,000,000
	DED X RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA	,	16008244	06/14/15	06/14/16	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
*** & ADD'L.INSURED: LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT ****

*** BID - # 143 -2015 ***

				- 101 - 275	
CERT	IFI	CA.	TF	HOL	DER

LEXFAY1

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT 200 E Main St., Rm 338 3rd FI 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

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ACORD 25 (2010/05)

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