EXHIBIT B

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2012

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 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).

certificate holder in lieu of such endor			Hadi Sen	iletti. A Sta	tenent on th	is certificate does not co	omer n	gins to the
PRODUCER			CONTACT NAME:					
The Underwriters Group, Inc. 1700 Eastpoint Parkway			PHONE (A/C, No, Ext): 502-244-1343 FAX (A/C, No): 502-244-1411 E-MAIL ADDRESS;					
P.O. Box 23790								NAIC#
Louisville KY 40223			INSURER A: Hartford Accident & Indemnity					22357
INSURED			INSURER B: XL Specialty Insurance Company					37885
Howard K. Bell Consulting Engineers, Inc 2480 Fortune Drive, Suite 350			INSURER C:					
Lexington, KY 40509			INSURER D:					
			INSURER E :					
			INSURER F:					
		TE NUMBER:	VE BEEN	LICCUITO TO		REVISION NUMBER:	IE BOLL	07.050100
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.								
LTR TIFE OF INSURANCE	ADDL SU INSR W	BR VD POLICY NUMBER	(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	}	
GENERAL LIABILITY							\$	
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
						GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						· · · · · · · · · · · · · · · · · · ·	\$	
POLICY JECT LOC						COMBINED SINGLE LIMIT	\$	
						(Ea accident)	\$ \$	
ANY AUTO ALLOWNED SCHEDULED							\$ \$	
AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE	\$ \$	
AUTOS AUTOS			İ			(Pel accident)	\$	
UMBRELLA LIAB OCCUR							s	
EXCESS LIAB CLAIMS-MADE							\$	
DED RETENTIONS							<u>.</u> S	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	***************************************	33WECPX9023	0	2/01/2012	02/01/2013	X WC STATU- OTH-	-	
ANY PROPRIETOR/PARTNER/EXECUTIVE	М/А						\$1,000	,000
(Mandatory in NH)	***					E.L. DISEASE - EA EMPLOYEE :		· · · · · · · · · · · · · · · · · · ·
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT :	\$1,000	,000
B Professional Liability		DPR9695637	1	2/08/2012	12/08/2013	Each Claim	1,000	,000
		4 COMMAN				Aggregate	2,000	,000
DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICL	ES /Attac	Th ACORD 404 Additional Domarks (Pohodulo ii		====i===d)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
CERTIFICATE HOLDER				CANCELLATION				
Lexington Fayette Urban County Government 10 East Main Street, 9th Floor 20 Exington, 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 THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE ABOVE DESCRIBED OF THE ABOVE DES					



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certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT Stephanie Casey					
Al Torstrick Insurance Agency Inc	PHONE (A/C, No, Ext): (859) 233-1461 FAX (A/C, No): (85	9) 281-9450				
343 Waller Avenue	E-MAIL ADDRESS: scasey@altorstrick.com					
	PRODUCER CUSTOMER ID # 00003558					
Lexington KY 40504	INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED	INSURER A Netherlands	24171				
	INSURER B National Union Fire Insurance					
HK Bell Consulting Engineers Inc. DBA	INSURER C: Indiana Insurance Company	22659				
Bell Engineering	INSURER D :					
2480 Fortune Dr, Ste 350	INSURER E :					
Lexington KY 40509	INSURER F:					

COVERAGES

CERTIFICATE NUMBER: 2012 - 2013

REVISION NUMBER:

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ADDL SUBR POLICY EFF POLICY EXP 1 IMITS TYPE OF INSURANCE POLICY NUMBER LTR 1,000,000 EACH OCCURRENCE GENERAL LIABILITY 5 DAMAGE TO RENTED PREMISES (Ea occurrence) 50,000 S COMMERCIAL GENERAL LIABILITY 5,000 10/21/2012 10/21/2013 BOP8089014 MED EXP (Any one person) \$ CLAIMS-MADE X OCCUR 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ BA8087215 10/21/2012 10/21/2013 Α ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE \$ (Per accident) HIRED AUTOS \$ PIP-Basic NON-OWNED AUTOS \$ Underinsured motorist 8,000,000 UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR 8,000,000 **EXCESS LIAB** AGGREGATE \$ X CLAIMS-MADE DEDUCTIBLE 10/21/2012 10/21/2013 BE011183668 X RETENTION \$ n В WC STATU-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? S NIA E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 10/21/2012 10/21/2013 \$1,000,000 Each Occurence CU8228158 Umbrella \$1,000,000 Aggregate Limit DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

CERTIFICATE HOLDER	CANCELLATION
(859)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.
200 E Main St Lexington, KY 40507	AUTHORIZED REPRESENTATIVE
	Stephanie Casey/MJA Stephanie Comer