



# CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)

4/26/2016

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 2345 Grand Blvd., Suite 400 Kansas City MO 64108	<b>CONTACT NAME:</b> Aubrey Meyer <b>PHONE (A/C, No. Ext):</b> (816) 395-8593 <b>E-MAIL ADDRESS:</b> aubrey_meyer@ajg.com	<b>FAX (A/C, No):</b> (816) 467-5593	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> The Larson Group dba Peterbilt of Louisville 4415 Hamburg Pike Jeffersonville, IN 47130	<b>INSURER A:</b> Travelers Property Casualty Co of A		25674
	<b>INSURER B:</b> Charter Oak Fire Insurance Company		25615
	<b>INSURER C:</b> Travelers Casualty and Surety Compa		19038
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES** PROD / CUSTOMER ID: LARSONG-01 **CERTIFICATE #:** 1365480959 **REVISION #:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	AD-0F720025-TIL-15	10/1/2015	10/1/2016	AUTO ONLY (Ea accident)	\$1,000,000
							OTHER THAN AUTO ONLY	EA ACCIDENT \$1,000,000 AGGREGATE \$3,000,000
	<b>GARAGE KEEPERS LIABILITY</b> <input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT BASIS <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS						COMP / OTC SPECIFIED PERILS COLLISION LOC	\$ \$ \$ \$
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	630-0F661463-COF-15	10/1/2015	10/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$100,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000 \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	EX-0F661463-TIL-15	10/1/2015	10/1/2016	EACH OCCURRENCE AGGREGATE	\$5,000,000 \$5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below Y/N <input type="checkbox"/> N/A		Y	UB-0F661463-ACR-15	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT E L DISEASE - EA EMPLOYEE E L DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000
A	Dealer's Physical Damage		Y	AD-0F720025-TIL-15	10/1/2015	10/1/2016	Blanket Limit Comprehensive Collision	41,185,296 \$10,000 Deduct \$10,000 Deduct

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Garage Liability: Additional Insured as required by written contract per Form CA2048  
 General Liability: Additional Insured as required by written contract per Form CGD037

**CERTIFICATE HOLDER****CANCELLATION**

Lexington-Payette Urban County Government,  
 Division of Risk Management  
 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

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