

# CERTIFICATE OF INSURANCE

DATE: 07/11/2012

**PRODUCER**

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES  
100 E. VINE STREET, SUITE 800  
LEXINGTON, KY 40507-3700

PHONE: (859)977-3700

**INSURED**

FAYETTE COUNTY SCHOOL DISTRICT  
701 EAST MAIN STREET  
LEXINGTON, KY 40502

ATTN: Rudy Cruse

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY  
A Kentucky School Boards Insurance Trust

COMPANY  
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## COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	L1061-011040	07/01/2012	07/01/2013	PRODUCTS-COMP/OP \$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				AGGREGATE \$
	OWNER'S & CONT PROT				PERSONAL & ADV INJURY \$INCLUDED
					EACH OCCURRENCE \$6,000,000
					FIRE DAMAGE (Any one fire) \$500,000
					MED EXPENSE (Any one person) \$5,000
	<b>AUTOMOBILE LIABILITY</b>				
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>CRIME LIABILITY</b>				
	<input type="checkbox"/> FORGERY OR ALTERATION				LIMIT DEDUCTIBLE \$
	<input type="checkbox"/> THEFT DISAPPEARANCE AND DESTRUCTION				LIMIT INSIDE PREMISES DEDUCTIBLE \$
					LIMIT OUTSIDE PREMISES DEDUCTIBLE \$
	<input type="checkbox"/> PUBLIC EMPLOYEE DISHONESTY				LIMIT DEDUCTIBLE \$
	<input type="checkbox"/> MONEY ORDERS & COUNTERFEIT PAPER				LIMIT DEDUCTIBLE \$
	<input type="checkbox"/> CURRENCY COVERAGE				LIMIT DEDUCTIBLE \$
	<b>EXCESS LIABILITY</b>				
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					\$
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				
					STATUTORY LIMITS \$
	<input type="checkbox"/> THE PROPRIETOR/				EACH ACCIDENT \$
	<input type="checkbox"/> PARTNERS/EXECUTIVE				DISEASE-POLICY LIMIT \$
	<input type="checkbox"/> OFFICERS ARE: <input type="checkbox"/> INCL				DISEASE-EA EMPLOYEE \$
	<input type="checkbox"/> <input type="checkbox"/> EXCL				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Coverage is evidenced for any event of Fayette County Schools that is scheduled to be held on premises of LFUCG Parks & Recreation during the July 1, 2012- July 1, 2013 period.

**CERTIFICATE HOLDER**

Department of Parks and Recreation  
LFUCG  
469 Parkway Drive  
Lexington, KY 40504

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

