OP ID: SB



## CERTIFICATE OF LIABILITY INSURANCE

07/31/2015

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.

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 liquid of cuch and removate.

PRODUCER Garrett-Stotz Company 1601 Alliant Avenue Louisville, KY 40299 Donald S. Mucci		CONTACT Donald S. Mucci	
		PHONE (A/C, No, Ext): 502-415-7000 FAX (A/C, No	): 502-415-7001
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Granite State Insurance Co.	23809
INSURED	Kiesler Police Supply, Inc. 2802 Sable Mill Rd Jeffersonville, IN 47130	INSURER B: Westfield Insurance	24112
		INSURER C: American International Cos	
		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. POLICY EFF POLICY EXP IADDLISUBR TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD X COMMERCIAL GENERAL LIABILITY 1.000.000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) 08/01/2015 08/01/2016 100,000 CLAIMS-MADE | X | OCCUR 02LX329542911 X 10,000

MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY s 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG s POLICY 1 1,000,000 Emp Ben. OTHER: COMBINED SINGLE LIMIT 1,000,000 AUTOMOBILE LIABILITY (Ea accident) X В X TRA4037244 08/01/2015 | 08/01/2016 BODILY INJURY (Per person) ANY AUTO SCHEDULED ALL OWNED AUTOS **BODILY INJURY (Per accident)** AUTOS NON-OWNED AUTOS PROPERTY DAMAGE s HIRED AUTOS s UMBRELLA LIAR X 10,000,000 X OCCUR EACH OCCURRENCE EXCESS LIAB 08/01/2015 08/01/2016 10,000,000 02UD465892610 CLAIMS-MADE **AGGREGATE** 10000 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WC009868831 04/01/2015 04/01/2016 C E.L. EACH ACCIDENT 500,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT | \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LFUCG is named as additional insured for the general liability on a primary basis per policy terms & conditions as required by a written contract. LFUCG is also additional insured on the auto liability as required by a written contract. A 30 day notice of cancellation applies except for non payment of premium.

CERTIFICATE HOLDER	CANCELLATION
LEXIN-2  Lexington-Fayette  Urban County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Division of Central Purchasing 200 E. Main St Lexington, KY 40507	Sonald 5 Much

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