

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/14/2012

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).

PRODUCER	CONTACT Marianne Bickell				
McGowan Insurance Group, Inc.	PHONE (A/C, No. Ext): (317) 464-5000 FAX (A/C, No):	(317)464-5001			
355 Indiana Avenue	E-MAIL ADDRESS: marianneb@mcgowaninc.com				
Suite 200	PRODUCER CUSTOMER ID #00012065				
Indianapolis IN 46204	INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED	INSURER A Acuity	14184			
HS)	INSURER B : Eastern Alliance	10724			
I. B. Moore Company, LLC	INSURER C:				
648 Laco Drive	INSURER D :				
Lexington, KY 40510	INSURER E :				
	INSURER F:				

CERTIFICATE NUMBER:12-13 Liab **REVISION NUMBER: 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 PETAIN, 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.

GENERAL LIABILITY			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	-	
OENE/OL LINDIE!!!		WVD POLICY NUMBER				EACH OCCURRENCE	\$	1,000,000
X COMMERCIAL GENERAL LIABILITY				3/10/2012	3/10/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
CLAIMS-MADE X OCCUR			K57978			MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
X POLICY PRO- JECT LOC			A CONTRACTOR OF THE STATE OF TH				\$	
AUTOMOBILE LIABILITY					3/10/2013	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANT ACTO			V57070	3/10/2012		BODILY INJURY (Per person)	\$	
		K5/9/	257976	3/10/2012		BODILY INJURY (Per accident)	\$	
X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
X NON-OWNED AUTOS						Uninsured motorist combined	\$	1,000,000
D 500 12 W 100 50 Speci					Underinsured motorist	\$	1,000,000	
X UMBRELLA LIAB X OCCUR			,			EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
DEDUCTIBLE							\$	
X RETENTION \$ 0			K57978	3/10/2012	3/10/2013		\$	
WORKERS COMPENSATION			1000006917000		7/21/2013	X WC STATU- OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,000
(Mandatory in NH)				7/21/2012		E.L. DISEASE - EA EMPLOYEE	\$	500,000
es, describe under SCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000	
1	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 0 WORKERS COMPENSATION ANY PROPPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N OCCUR EXCESS LIAB CLAIMS-MADE	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION S 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X HIRED AUTOS NON-OWNED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 0 K57978 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [If yes, describe under]	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION S 0 K57978 3/10/2012 K57978 3/10/2012 K57978 3/10/2012 1/10	CLAIMS-MADE X OCCUR K57978 3/10/2012 3/10/2013 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 0 K57978 3/10/2012 3/10/2013 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A (Wandatory in NH) (Wes. describe under	CLAIMS-MADE X OCCUR K57978 3/10/2012 3/10/2013 MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG X POLICY PRO AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 0 K57978 3/10/2012 3/10/2013 MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG COMBINED SINGLE LIMIT (Ea accident) PROPERTY DAMAGE (Per accident) Uninsured motorist Uninsured motorist Uninsured motorist AGGREGATE DEDUCTIBLE X RETENTION \$ 0 K57978 3/10/2012 3/10/2013 X WC STATU- TORY LIMITS ER EL EACH ACCIDENT OTH- ANY PROPRIETORI/PARTNER/EXECUTIVE IN N/A ANY PROPRIETORI/PARTNER/EXECUTIVE IN N/A 1000006917000 7/21/2012 7/21/2013 EL. DISEASE - EA EMPLOYEE	CLAIMS-MADE X OCCUR X57978 3/10/2012 3/10/2013 MED EXP (Any one person) \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Lexington-Fayette Urban County Government is additional insured on a primary and non-contributory basis on the general liability policy when required by written agreement.

CERTIFICATE HOLDER	CANCELLATION
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 Risk Management 200 East Main Street	AUTHORIZED REPRESENTATIVE
Lexington, KY 40507	Douglas Logan/MA & Say Syam

ACORD 25 (2009/09) INS025 (200909)