41LEXINGTONC11

Client#: 120224

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

11/29/2011

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(les) 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 J Smith Lanier & Co-Lexington Powell-Walton-Milward P O Box 2030 Lexington, KY 40588	CONTACT Brenda Stickrod	
	PHONE (A/C, No, Ext): 800-796-3567 (A/C, No): 859-254-8020	
	E-MAIL ADDRESS: bstickrod@pwm-jsl.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Travelers C & S of America	31194
Lexington Center Corporation 430 West Vine St. Lexington, KY 40507	INSURER B : North River Insurance	21105
	INSURER C: KESA, The Kentucky WC Fund	
	INSURER D: Travelers Property Casualty Co.	25674
	INSURER E :	
	INSURER F;	

**REVISION NUMBER:** COVERAGES CERTIFICATE 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. ADDLISUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD GENERAL LIABILITY P6309290A662 11/17/2011 11/17/2012 s1,000,000 A EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence) s300,000 X COMMERCIAL GENERAL LIABILITY \$5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 **GENERAL AGGREGATE** \$2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-LOC 11/17/2011 11/17/2012 COMBINED SINGLE LIMIT D **AUTOMOBILE LIABILITY** Y8109290A662 \$1,000,000 BODILY INJURY (Per person) S ANY AUTO ALL OWNED AUTOS SCHEDULED S BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ X HIRED AUTOS AUTOS X UMBRELLA LIAB 11/17/2011 11/17/2012 EACH OCCURRENCE \$15,000,000 B X 5530928562 OCCUR EXCESS LIAB \$15,000,000 AGGREGATE CLAIMS-MADE DED X RETENTION SO WORKERS COMPENSATION 10/30/2011 10/30/2012 X WC STATU-C WC142712010A AND EMPLOYERS' LIABILITY \$2,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$2,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	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
	1 Horas P

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