

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 05/06/2014 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 CONTACT NAME: Donna M. Honican PHONE (A/C, No, Ext) E-MAIL Triad Insurance Agency, Inc. 85 -255-0806 (AC, No): 859-255-0809 ADDRESS: 1216 S Broadway triadinsurance@acl.com Lexington, Kentucky 40504 INSURER(S) AFFORDING COVERAGE NAIC# Rockhill Insurance Company INSURER A: INSURED INSURER 8 : Quality Assurance Specialist Inc. INSURER C 431 S Broadway, Suite 122 INSURER D : Lexinator, Kentucky 40508 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. INSD WYD MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER IMITS COMMERCIAL GENERAL LIABILITY 1,000,000. **EACH OCCURRENCE** PREMISES (Es occurrence) CLAIMS-MADE V OCCUR 50,000 5,000. MED EXP (Any one person) Š ENVP007678-01 01/31/2014 01/31/2015 1,000,000 5 PERSONAL & ADV INJURY GENLAGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE 5 POLICY PRO-1,000,000 LOC PRODUCTS - COMP/OP AGG OTHER PROFESSIONAL PROFESSIONAL \$ 1,000,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 1,000,000 (Ea accident) BODILY INJURY (Per person) OTUA YAL SCHEDULED ALL OWNED AUTOS A ENVP007678-01 01/31/2014 01/31/2015 **BODILY INJURY (Per accident)** AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY 500,000. ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E L EACH ACCIDENT 325370 04/09/2014 04/09/2015 Mandatory in NH) 500,000. E L DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below 500,000. E L DISEASE - POLICY LIMIT Contractors Pollution Liability 1.000.000 ENVP007678-01 01/31/2014 01/31/2015 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Named Additional Insured: Lexington-Fayette Urban County Government Division Of Risk Management 200 East Main Street Lexington, Kentucky 40507 CERTIFICATE HOLDER CANCELLATION

SHOULD ANY O'THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lexington-Fayette Urban County Government Division Of Risk Management **AUTHORIZED REPRESENTATIVE** 200 East Main Street Lexington, Kentucky 40507 Donna M. Honican