



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/11/2014

**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(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).**

| <b>PRODUCER</b><br>Marsh USA Inc.<br>1717 Arch Street<br>Philadelphia, PA 19103-2797<br><br>424780-ALL-GAWX-14-15 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No. Ext):</b> <b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Insurance Company Of The State Of PA</td> <td style="text-align: center;">19429</td> </tr> <tr> <td><b>INSURER B:</b> Greenwich Insurance Company</td> <td style="text-align: center;">22322</td> </tr> <tr> <td><b>INSURER C:</b> XL Specialty Insurance Company</td> <td style="text-align: center;">37885</td> </tr> <tr> <td><b>INSURER D:</b> AIG Europe Limited</td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A:</b> Insurance Company Of The State Of PA | 19429 | <b>INSURER B:</b> Greenwich Insurance Company | 22322 | <b>INSURER C:</b> XL Specialty Insurance Company | 37885 | <b>INSURER D:</b> AIG Europe Limited |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
|---|--|-------------------------------|--------|--|-------|---|-------|--|-------|--------------------------------------|--|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |  |       |   |       |  |       |                                      |  |                   |  |                   |  |
| <b>INSURER A:</b> Insurance Company Of The State Of PA  | 19429  |                               |        |  |       |   |       |  |       |                                      |  |                   |  |                   |  |
| <b>INSURER B:</b> Greenwich Insurance Company   | 22322  |                               |        |  |       |   |       |  |       |                                      |  |                   |  |                   |  |
| <b>INSURER C:</b> XL Specialty Insurance Company  | 37885  |                               |        |  |       |   |       |  |       |                                      |  |                   |  |                   |  |
| <b>INSURER D:</b> AIG Europe Limited  |  |                               |        |  |       |   |       |  |       |                                      |  |                   |  |                   |  |
| <b>INSURER E:</b>   |  |                               |        |  |       |   |       |  |       |                                      |  |                   |  |                   |  |
| <b>INSURER F:</b>   |  |                               |        |  |       |   |       |  |       |                                      |  |                   |  |                   |  |
| <b>INSURED</b><br>BRENTTAG MID-SOUTH, INC.<br>1405 HIGHWAY 136 WEST<br>HENDERSON, KY 42420                        |  |                               |        |  |       |   |       |  |       |                                      |  |                   |  |                   |  |

**COVERAGES      CERTIFICATE NUMBER:** CLE-003620187-27      **REVISION NUMBER:** 8

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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|--------------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b>   |           |          | 0696955            | 01/01/2014              | 01/01/2015              | EACH OCCURRENCE \$ 5,000,000   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          |                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000                                 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |           |          |                    |                         |                         | MED EXP (Any one person) \$ 10,000   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |                    |                         |                         |  |
| B        | <b>AUTOMOBILE LIABILITY</b>  |           |          | RAD943713309 (AOS) | 01/01/2014              | 01/01/2015              | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000                                       |
|          | <input checked="" type="checkbox"/> ANY AUTO   |           |          | RAD943713109 (MA)  | 01/01/2014              | 01/01/2015              | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          |                    |                         |                         | BODILY INJURY (Per accident) \$  |
|          | <input type="checkbox"/> HIRED AUTOS   |           |          |                    |                         |                         | PROPERTY DAMAGE (Per accident) \$  |
| D        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>   |           |          | H 13 151 3277      | 01/01/2014              | 01/01/2015              | EACH OCCURRENCE \$ 1,000,000   |
|          | <input type="checkbox"/> <b>EXCESS LIAB</b>  |           |          |                    |                         |                         | AGGREGATE \$ 1,000,000   |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |                    |                         |                         | \$   |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          | RWR943509009 (WI)  | 01/01/2014              | 01/01/2015              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   |           |          | RWD943509109 (AOS) | 01/01/2014              | 01/01/2015              | E.L. EACH ACCIDENT \$ 2,000,000  |
|          | <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below  | Y / N     | N / A    | RWD9435441         | 01/01/2014              | 01/01/2015              | E.L. DISEASE - EA EMPLOYEE \$ 2,000,000  |
|          |  |           |          |                    |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 2,000,000   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT IS INCLUDED AS ADDITIONAL INSURED, EXCEPT FOR WORKERS COMPENSATION, WHERE REQUIRED BY WRITTEN CONTRACT. THE GENERAL LIABILITY POLICY INCLUDES SUDDEN AND ACCIDENTAL COVERAGE FOR POLLUTION.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT<br>DIVISION OF RISK MANAGEMENT<br>200 E MAIN STREET<br>LEXINGTON, KY 40507 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>of Marsh USA Inc.<br><br>Manashi Mukherjee <i>Manashi Mukherjee</i> |
|---|---|

© 1988-2010 ACORD CORPORATION. All rights reserved.