

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/15/2014

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).

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PRODUCER		CONTACT NAME: Patricia A. Cholewa					
The James B. Oswald Co		PHONE (A/C, No, Ext):216-839-2807 FAX (A/C,	AX VC, No):216-839-2815				
1100 Superior Avenue, Suite 1500 Cleveland OH 44114		E-MAIL ADDRESS:PCholewa@oswaldcompanies.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Travelers Indemnity Company	25658				
INSURED	MSK2L-1	INSURER B : Phoenix Insurance Company	25623				
	Myers Schmalenberger, Inc.;	INSURER C:Travelers P&C Co of America	25674				
Kinzelman Kline Gossma	an Ltd., dba MKSK	INSURER D: Hudson Specialty Insurance Co.	25054				
462 South Ludlow Alley Columbus OH 43215		INSURER E: Charter Oak Fire Insurance Co	25615				
00.0000		INSURER F:					

COVERAGES CERTIFICATE NUMBER: 160585728 REVISION NUMBER: 11/20/2013

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
E	GENERAL LIABILITY	Y		6801B333803	11/14/2013	11/14/2014	EACH OCCURRENCE	\$2,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
	X Al Primary &						PERSONAL & ADV INJURY	\$2,000,000
	X Non-Contributory						GENERAL AGGREGATE	\$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$4,000,000
	POLICY X PRO- X LOC							\$
3	AUTOMOBILE LIABILITY	Υ	Υ	BA1B331139	11/14/2013	11/14/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X Al Primary							\$
A	X UMBRELLA LIAB X OCCUR	Υ	Y	CUP1B337802	11/14/2013	11/14/2014	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$3,000,000
	DED X RETENTION \$10,000						Excludes Professional	\$
)	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		Υ	UB3823T730	11/14/2013	11/14/2014	X WC STATU- X OTH- TORY LIMITS X ER	OH Stop-Gap
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Professional Liability Claims Made Retro Date:06/01/87	N	Y	AEE7270002	11/14/2013			\$2,000,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured and Waiver of Subrogation as designated above is provided when required of the Named Insured by written contract or agreement.

Project: Lexington Commercial Corridor Study

Lexington-Fayette Urban County Government is an additional insured as noted above.

CERTIFICATE HOLDER	CANCELLATION
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Lexington-Fayette Urban County Government Room 338, Government Center 200 East Main Street Lexington KY 40507 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

Patricia A allera