

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/16

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).

	rtificate holder in lieu of such andorseme			may require an endorseme	IIL ASU	atement on un	ia certificate di	age Hot coulet tid	ills to the		
_	DUCER		CONTACT NAME: C. RYAN MAHONEY								
Mahoney Insurance Services						PHONE (AIC, No.): (865)671-1200 FAX (AIC, No): (865)693-5718					
	4 Kingston Pike Ste. 207		E-Mail Ryan@mahoneyins.com								
	xville. TN 37922	INSURER(S) AFFORDING COVERAGE NAIC #									
Phone (865)671-1200 Fax (865)693-5718						INSURER A: Truck Insurance Exchange 21709					
INSURED					INSURER B: Farmers Insurance Exchange 21652						
Precision Traffic & Safety Systems LLC						INSURER C: Mid Century Insurance Exhange 21667					
· · ·						INSURER D:					
672 Brochardt Blvd						INSURER E :					
Knoxville, TN 37934-						INSURER F:					
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 1	indora			REVISION NUM	IBER: 1		
IN	IIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH F	UIRE TAIN	MENT , THE	, TERM OR CONDITION OF INSURANCE AFFORDED BY	ANY CC	NTRACT OR O	OTHER DOCU RIBED HEREIN	MENT WITH RESI	PECT TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
-11	GENERAL LIABILITY	INSR.	HAD	TODO! NUMBER		THE PROPERTY OF	JOHN PORT 13T)	EACH OCCURREN		2,000,000.00	
С	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENT PREMISES (Ea occ	ED	100,000.00	
	☐ CLAIMS-MADE ✓ OCCUR			605946979				MED EXP (Any one		5,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER			605846272		06/20/2016	06/20/2017	PERSONAL & ADV		2,000,000.00	
								GENERAL AGGRE		4,000,000.00	
								PRODUCTS - COM		4,000,000.00	
	POLICY PRO LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	1,000,000.00	
С	ANY AUTO	Y				06/20/2016		BODILY INJURY (P	er person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS AUTOS			605846272			06/20/2017	BODILY INJURY (Po	er accident) \$		
						0012012010	0012012011	PROPERTY DAMA((Per accident)	GE \$		
								Troi baganity	s		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								S	•	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS	OTH-		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E L EACH ACCIDE	NT \$		
İ	(Mandatory In NH)	NIA						E L DISEASE - EA	EMPLOYE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							EL DISEASE - PO	LICY LIMIT S		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES	(Attac)	h ACORD 101, Additional Remark	s Sched	ule, if more spac	e is required)				
CERTIFICATE HOLDER						CANCELLATION					
Lexington-Fayette Urban County Government (LFUCG)					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
200 E Main St					AUTHORIZED REPRESENTATIVE						
	Lexington, KY 40507				C. Ryan Mahoney C. Ryan Mahoney						