38EXCELLANCE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/12/2012

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).

Ceramodie molder in fied of Suci	n endorsement(s).					
PRODUCER J Smith Lanier & Co-Huntsville P. O. Box 6087 Huntsville, AL 35813-0087 256 890-9000		CONTACT NAME: PHONE (A/C, No, Ext): 256 890-9000	FAX No. 25	68909070		
		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING	NAIC#			
		INSURER A: Hartford Fire Insurance (19682			
INSURED		INSURER B: Hartford Casualty Insura	29424			
Excellance, Inc. 453 Lanier Road		INSURER C: Alabama Self Insured WC Fund				
		INSURER D : Midwest Employers Casualty				
Madison, AL 35758	•	INSURER E :				
		INSURER F :				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE INDICATED. NOTWITHSTANDING	POLICIES OF INSURANCE LISTED BELOW I ANY REQUIREMENT, TERM OR CONDITION	HAVE BEEN ISSUED TO THE INSURED NAMED FOR ANY CONTRACT OR OTHER DOCUMENT	ABOVE FOR THE PO	DLICY PERIOD WHICH THIS		

CI EX	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			SUBR			POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY			20UUNSV6652	08/01/2011	08/01/2012	EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL LIABILITY	İ	ĺ				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR	Į					MED EXP (Any one person)	s10,000
							PERSONAL & ADV INJURY	s1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			20UUNSV6652	08/01/2011	08/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l	X ANY AUTO	ĺ	j 				BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
				W-MAN				\$
В	X UMBRELLA LIAB X OCCUR			20HHUQ08060	08/01/2011	08/01/2012	EACH OCCURRENCE	\$9,000,000
İ	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$9,000,000
Ĺ	DED X RETENTION \$10000							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			1998111			X WC STATU- TORY LIMITS ER	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		PIAL129001	01/01/2012	01/01/2013	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
								-
			,					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								

CERTIFICATE HOLDER	CANCELLATION			
Lexington Fayette Urban County Government Division of Central Purchasing	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 East Main Street Lexington, KY 40507	AUTHORIZED REPRESENTATIVE			

© 1988-2010 ACORD CORPORATION. All rights reserved.