

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/20/2014

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).

PRODUCER Brooks Insurance Professionals, Inc
32 East Broadway
Shelbyville IN 46176

INSURER A: Pekin Insurance Company

INSURE B: Western Reserve
Indianapolis IN 46221

INSURER C:
INSURER

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.

INSURER F

INSR	TYPE OF INSURANCE	INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			00CL86814		03/13/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
_	CLAIMS-MADE X OCCUR	N			03/13/2014		MED EXP (Any one person)	s	5,000
A							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC						·. •	\$	
	AUTOMOBILE LIABILITY	N	N	00P565671	03/13/2014	03/13/2015	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$	
Λ	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
A	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							(a days a strip	\$	
Α	UMBRELLA LIAB X OCCUR			CU17468		03/13/2015	EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE	N	Ν		03/13/2014		AGGREGATE	\$	2,000,000
	DED X RETENTIONS 10,000							\$	
Α	WORKERS COMPENSATION	1		00WC40786		03/13/2015	WC STATU- OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N		03/13/2014		E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		500,000
В	Manufacturer Bond			16095460	03/17/2014	03/17/2015			\$25,000

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

CERTIFICATE HOLDER	CANCELLA	TION

Lexington Fayette Urban County Government 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

Seth Taylor