**OP ID: 12** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/16/12

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 502-894-2100 CONTACT Neace Lukens - Louisville PHONE (A/C, No, Ext): E-MAIL ADDRESS: 502-894-8602 Assured NL Insurance Agcy, Inc. 2305 River Rd Louisville, KY 40206 CUSTOMER ID #: MUNEQ-1 PRODUCER Stephen P. Leist INSURER(S) AFFORDING COVERAGE Municipal Equipment, Inc. INSURED INSURER A: Travelers Property Casualty 25674 Attn: Cheryl James INSURER B : Charter Oak Fire Insurance Co. 6305 Old Shepherdsville Road INSURER C: Travelers Indemnity Company Louisville, KY 40228 INSURER D: **INSURER E:** 

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

NSR LTR	TYPE OF INSURANCE	ADDL SUB		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
1000	GENERAL LIABILITY			(MINUS B) TTTT	(MINISON TITT)	EACH OCCURRENCE	\$	1,000,00
A	X COMMERCIAL GENERAL LIABILITY	X	6308512P673	04/13/11	04/13/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,00
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	10,00
						PERSONAL & ADV INJURY	\$	1,000,00
						GENERAL AGGREGATE	\$	10,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,00
	POLICY PRO- JECT LOC					Emp Ben.	\$	\$1M/\$2N
В	X ANY AUTO	X	8108512P673	04/13/11	04/13/12	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS						\$	
В	Comp Ded-\$1000		8108512P673	04/13/11	04/13/12		\$	
A	UMBRELLA LIAB X OCCUR		CUP8512P673	04/13/11	04/13/12	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MAD	E				AGGREGATE	\$	1,000,000
	DEDUCTIBLE						\$	
	X RETENTION \$ -0-						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N					WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	Installation Equipment		6308512P673	04/13/11	04/13/12	Limit		200,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Lexington Fayette Urban County Govt. is listed as additional insured with
regards to the Named Insured general liability & auto liability coverage as
required by written contract with the Named Insured. This insurance is
primary for the benefit of the additional insured.

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LEXFA-1

CANCELLATION

Lexington Fayette Urban County Government 200 E 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** 

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