Client#: 667855 CLARKPOW

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2012

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).

PRODUCER	CONTACT Natalia Reed				
USI Midwest Cincinnati	PHONE (A/C, No, Ext): 513 852-6300 FAX (A/C, No): 61	0 537-9756			
312 Elm Street, 24th Floor	E-MAIL ADDRESS: natalia.reed@usi.biz				
Cincinnati, OH 45202	INSURER(S) AFFORDING COVERAGE	NAIC#			
513 852-6300	INSURER A : Valley Forge Insurance Company	20508			
INSURED	INSURER B : Continental Casualty Company	20443			
Clarke Power Services, Inc.	INSURER C: National Fire Insurance Co. of	20478			
3133 East Kemper Road	INSURER D:				
Cincinnati, OH 45241	INSURER E :				
	INSURER F :				

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 CONTRACTOR 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY		C2095931897	11/01/2011	11/01/2012	EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	s 5,000
	X PD Ded: \$5,000					PERSONAL & ADV INJURY	s1,000,000
	X Employers Liability					GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			İ		PRODUCTS - COMP/OP AGG	s2,000,000
	POLICY PRO- JECT LOC					OH Stop Gap	\$1,000,000
С	AUTOMOBILE LIABILITY		C4017046399	11/01/2011	11/01/2012	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS	A A	AAAMAA			PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB OCCUR		L4017822157	11/01/2011	11/01/2012	EACH OCCURRENCE	\$ <b>25,000,000</b>
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s <b>25,000,000</b>
	DED X RETENTION \$0						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC417046404	11/01/2011	11/01/2012	X WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIE OFFICER/MEM (Mandatory in	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	- NAMES			E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s1,000,000
В	GKKL		C2095931950	11/01/2011	11/01/2012	75,000 Per Location	
Α	Leased/Rented		C4017046385	11/01/2011	11/01/2012	50,000 Equipment	
С	Hired Phys Damage		C4017046399	11/01/2011	11/01/2012	50,000 Per Vehicle	

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

Lexington-Fayette Urban County Government is named as additional insured with respect to general liability and automobile liability where required by contract. General liability coverage is primary for the benefit of the additional insured. Thirty days notice of cancellation applies for the general liability and autombile policies.

CERTIFICATE HOLDER		CANCELLATION

Lexington-Fayette Urban County Government Division of Central Purchasing 200 E Main St; Room 338 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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