

CERTIFICATE OF LIABILITY INSURANCE Page 1 of 2

DATE (MM/DD/YYYY) 02/16/2016

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 NAME:			
C I	Willis of North Carolina, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	PHONE (A/C, NO, EXT): 877-945-7378 FAX (A/C, NO): 888-46	7-2378		
		E-MAIL ADDRESS: certificates@willis.com			
		INSURER(S)AFFORDING COVERAGE	NAIC#		
		INSURER A: National Union Fire Ins. Co. of Pittsburg	19445-001		
INSURED	Canteen Vending Services	INSURER B: ACE Property & Casualty Insurance Company	20699-001		
A Division of 0 2400 Yorkmont B	A Division of Compass Group USA, Inc.	INSURER C: New Hampshire Insurance Company	23841-001		
	2400 Yorkmont Road Charlotte, NC 28217	INSURER D: National Union Fire Ins. Co. of Pittsburg	19445-003		
		INSURER E:			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 24132944 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.

INSR	NSR ADDL SUBR POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
LTR	L			WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
A	x	COMMERCIAL GENERAL LIABILITY			3333262	9/30/2015	9/30/2016	EACH OCCURRENCE \$ 1,000,000
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurence) \$ 1,000,000
	x	Contractual Liability						MED EXP (Any one person) \$
	Ш							PERSONAL & ADV INJURY \$ 1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 10,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 5,000,000
		OTHER:						\$
A	AUT	OMOBILE LIABILITY			AOS 7469850	9/30/2015	9/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
A	X	ANY AUTO			MA 7469851	9/30/2015	9/30/2016	BODILY INJURY(Per person) \$
A		ALL OWNED SCHEDULED AUTOS			VA 7469858	9/30/2015	9/30/2016	BODILY INJURY(Per accident) \$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	х	Self Ins. Phy Damage						\$
В	х	UMBRELLA LIAB X OCCUR			XOOG27738631	9/30/2015	9/30/2016	EACH OCCURRENCE \$ 10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 10,000,000
		DED RETENTION \$						\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY			024781061	9/30/2015	9/30/2016	X PER OTH- STATUTE ER
	ANV PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. EACH ACCIDENT \$ 2,000,000
								E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
								E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D	D Liquor Liability				3333263	9/30/2015	9/30/2016	\$ 1,000,000 Each Common Cause \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Attached:

CERTIFICATE HOLDER	CANCELLATION

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

Lexington-Fayette Urban County Government 600 Old Frankfort Circle Lexington, KY 40510

Lev Elle

GENCY CUSTOMER ID:	22011126

LOC#: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
Willis of North Carolina, Inc.		Canteen Vending Services A Division of Compass Group USA, Inc.	
POLICY NUMBER	2400 Yorkmont Road Charlotte, NC 28217		
See First Page			
CARRIER	NAIC CODE		
See First Page		EFFECTIVE DATE: See First Page	
ADDITIONAL DEMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Garagekeepers
Carrier: National Union Fire Ins. Co. of Pittsburgh, PA
NAIC 19445-001
Policy No. 7469850
Policy Period: 09/30/2015 to 09/30/2016
Limit: \$1,500,000

SIR applies per terms and conditions of the policy.

Fed Ex Ground is included as an Additional Insured as respects to General Liability and Auto Liability, where required by written contract.

Compass Group USA, Inc.

Policy Term: 09/30/2015 to 09/30/2016

Workers' Compensation and Employers Liability Policies

<u>Coverage</u>	Policy Number	Carrier	WC Coverage	EL Limits
Work Comp/EL	24781061	New Hampshire Insurance Company NAIC 23841-001 Policy Covers States of: AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, MI, MO, MS, MT, NE, NM, NV, NY, OK, OR, RI, SC, SD, TN. TX. WV.	Statutory	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	24781072	New Hampshire Insurance Company NAIC 23841-001 Policy Covers States of: AK, AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT	Statutory	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	28471064	New Hampshire Insurance Company NAIC 23841-001 Policy Covers States of: MA, WI Stop Gap Coverage: ND, OH, WA, WY	Statutory	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	24781068	National Union Fire Insurance Company of Pittsburgh NAIC 19445-001 Policy Covers State of CA	Statutory	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	24781062	Illinois National Insurance Company NAIC 23817-001 Policy Covers State of FL	Statutory	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	24781065	New Hampshire Insurance Company NAIC 23841-001 Policy Covers State of ME	Statutory	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	24781063	New Hampshire Insurance Company NAIC 23841-001 Policy Covers State of MN	Statutory	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease