

S&TWA-1 OP ID: TK

DATE (MM/DD/YYYY)

03/12/13

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(les) 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).

001111100	tto Herder III ned er eden endersemen				
PRODUCER		859-296-4580	CONTACT NAME:		
1056 WĕIII	ionton Way, Suite 130	859-296-4583	PHONE (A/C, No, Ext):	FAX (A/C, No):	
Roeding Insurance Lexington 1056 Wellington Way, Suite 130 Lexington, KY 40513 Rob Hoenscheid		E-MAIL ADDRESS:		_	
NOD HOEH	Scheid		INSURER(S) AFFO	RDING COVERAGE	NAIC # 24074
			INSURER A : OHIO CASUALTY	•	24074
INSURED			INSURER B : AGC KY ASSOC	GEN CONT	
			INSURER C:		
			INSURER D :		
	·		INSURER E :		
			INSURER F :		
COVERA	GES CERTIFICA	TE NUMBER:		PEVISION 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.

INSF	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY	1					EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			CBP8900911	04/01/12	04/01/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC						Emp Ben	\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO		İ	BA8901011	04/01/12	04/01/13	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1					WC STATU- OTH- TORY LIMITS ER		
В	AND EMPLOYERS EXCLUTIVE  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?	N/A		7352-0/1	01/01/13	12/31/13	E L EACH ACCIDENT	\$	4,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - POLICY LIMIT	\$	4,000,000
Α	Builders Risk			CBP8900911	04/01/12	04/01/13			•
Α	Equipment Floate			CBP8900911	04/01/12	04/01/13			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								

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

CERTIFICATE HOLDER	CANCELLATION

LFCUGCO

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT 200 EAST MAIN STREET LEXINGTON, KY 40507

AUTHORIZED REPRESENTATIVE

**MCHENAULT** 





CERTIFICATE OF LIABILITY INSURANCE

3/11/2013

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).

ton, KY 40509  Herb Geddes Fence Co 232 Industry Parkway Nicholasville, KY 40356		INSURER A : Selectiv INSURER B : Bridgef INSURER C : INSURER D :	urer(s) affor ve Insuranc	DING COVERAGE e Company of America ty Insurance Company	NAIC# 12572 10335			
Herb Geddes Fence Co 232 Industry Parkway		INSURER C :	ieid Casuai	ty insurance Company	10333			
232 Industry Parkway		INSURER D :						
					*			
Micholasville, RT 40330								
		INSURER E :			1			
		INSURER F:						
IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQUIR TIFICATE MAY BE ISSUED OR MAY PERTA LUSIONS AND CONDITIONS OF SUCH POLICI	EMENT, TERM OR CONDITION NIN, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRAI DED BY THE POLIC BEEN REDUCED BY	TO THE INSUF CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPECT T	O WHICH THIS			
		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
ENERAL LIABILITY	S1812401*	12/31/2012	12/31/2013	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000 100,000			
- * - 1%	*	:		MED EXP (Any one person) \$	10,000			
				PERSONAL & ADV INJURY S	1,000,000			
	:				3,000,000			
ENTL AGGREGATE LIMIT APPLIES PER					3,000,000			
and the second s		1		\$				
	the company of the contract of			COMBINED SINGLE LIMIT	1,000,000			
	S1812401*	12/31/2012	12/31/2013					
ALL OWNED SCHEDULED	3:012401	12/01/2012	12/01/2010	and the second s				
AUTOS AUTOS NON-OWNED		\$ \$		PROPERTY DAMAGE s				
HIRED AUTOS AUTOS				(PER ACCIDENT)				
					4 000 000			
		10/04/0040	40/04/0040	Alle de la companie d	1,000,000			
EXCESS LIAB CLAIMS-MADE	S1812401*	12/31/2012	12/31/2013	AGGREGATE \$	1,000,000			
DED RETENTION \$				\$				
ND EMBLOVEDS! LABILITY				X TORY LIMITS ER				
NY PROPRIETOR/PARTNER/EXECUTIVE	019622556	9/1/2012	9/1/2013	E.L. EACH ACCIDENT \$	1,000,000			
landatory in NH)				E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
yes, describe under ESCRIPTION OF OPERATIONS below		1		E.L. DISEASE - POLICY LIMIT \$	1,000,000			
juipment Floater	\$1812401*	12/31/2012	12/31/2013					
E L	CATED. NOTWITHSTANDING ANY REQUIRIFICATE MAY BE ISSUED OR MAY PERTALUSIONS AND CONDITIONS OF SUCH POLICII TYPE OF INSURANCE ADDLS INSR WENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  EN'L AGGREGATE LIMIT APPLIES PER  POLICY X PRO- JECT LOC  JTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS  HIRED AUTOS AUTOS  UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION S  ORKERS COMPENSATION JD EMPLOYERS' LIABILITY LY PROPRIETOR/PARTINER/EXECUTIVE FICIER/MEMBER EXCLUDED?  and atory in NH) res, describe under ESCRIPTION OF OPERATIONS below	CATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION INFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE ADDL SUBR INSR. WYD  TYPE OF INSURANCE ADDL SUBR INSR. WYD  COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  S1812401*  S1812401*  ANY AUTO  ALL OWNED AUTOS  HIRED AUTOS NON-OWNED AUTOS  HIRED AUTOS AUTOS  UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE S1812401*  DED RETENTION'S ORKERS COMPENSATION ID EMPLOYERS LIABILITY  TYPE OF INSURANCE ADDL SCHEDULED S1812401*  DED RETENTION'S ORKERS COMPENSATION ID EMPLOYERS LIABILITY  TYPE OF INSURANCE ADDL STREET ADDL STR	CATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY TYPE OF INSURANCE ADDL SUBRINSR WYD POLICY NUMBER POLICY EFF. (MM/DD/YYYY)  ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  EN'L AGGREGATE LIMIT APPLIES PER POLICY X PECT LOC  ITOMOBILE LIABILITY  ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS SIB12401*  LIMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE S1812401*  UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE S1812401*  DED RETENTION'S ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y/N IN PROPRIETOR/PARTINER/EXECUTIVE FICER/MEMBER EXCLUDED?  BINA AGRICATION S DISCRESS LIAB UNITS OF THE PROPRIETOR PARTINER/EXECUTIVE FICER/MEMBER EXCLUDED?  BINA AGRICATION S DISCRESS LIAB UNITS OF THE PROPRIETOR PARTINER/EXECUTIVE FICER/MEMBER EXCLUDED?  BINA AGRICATION S DISCRESS LIAB UNITS OF THE POLICY OF T	ATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER INFICANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIB LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY SEP POLIC	ATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TITICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF INSURANCE ADDL SUBRINSR WVD INSIR WVD INS			

**LFUCG** 200 EAST MAIN STREET **LEXINGTON, KY 40507** 

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 



**RIOGR-2** OP ID: RI

DATE (MM/DD/YYYY) 03/11/13

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859-269-1044 CONTACT Carroll & Stone Insurance 859-276-0288 Services 4384 Clearwater Way, Sulte 200 Lexington, KY 40515 Ronald E. Carroll **MSURER(S) AFFORDING COVERAGE** NAIC# INSURER A: Motorists Insurance Companies 14621 WRURFD Rio Grande Fence Company, Inc. HISURER 8: Kentucky A.G.C. INSURER C : 137 S. Forbes Rd INSURER D : Lexington, KY 40511 INSURER E : MSURER 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 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 LTR	TYPE OF INSURANCE	ADDL	LSUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	.8	·
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	'		3323369770	12/31/12	12/31/13	DAMAGE TO RENTED PREMISES (Ea pocurrence)	\$	100,000
	CLAIMS-MADE X OCCUR	;			1	· '	MED EXP (Any one person)	\$	5,000
		. 1			1	'	PERSONAL & ADV INJURY	\$	1,000,000
Α	X XC&U	$A^{-I}$				1	GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	'			1	1	PRODUCTS - COMPIOP AGG	\$	2,000,000
L_	FOLICY X PRO-		<u> </u>		<u> </u> /	<u> </u> '		\$	]
	AUTOMOBILE LIABILITY	[ ·				· '	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X ANY AUTO	1	1 '	3323369770	12/31/12	12/31/13	BODILY INJURY (Per person)	\$	- 1
'	ALL OWNED SCHEDULED AUTOS	;	1	1	1	1	BODILY INJURY (Per accident)	\$	
'	X HIRED AUTOS X NON-OWNED AUTOS	1	; · 1	1	1. 1	1	PROPERTY DAMAGE (Per accident)	\$	
/					1	· !		\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	EXCESS LIAS CLAIMS-MADE		<sub>i</sub> 1	3323369770	12/31/12	12/31/13	AGGREGATE	\$	2,000,000
	DED RETENTION \$			<u> </u>	ı <u> </u>	ı <u> </u>	·	\$	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						X WC STATU- X OTH-		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	, †	792	01/01/13	12/31/13		£	4,000,000
	(Mandatory in NH)			,		, [	E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				L	<u></u>	E.L. DISEASE - POLICY LIMIT	8	4,000,000
		_							
.			.		i	.			
				i					·
DESC	SECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ARISED ACTION OF Additional Remarks Schooling Street, 18 page 12 page 14								

For all work performed.

CER	TIFIC	ATE	HOL	DER

**LFUCGBU** 

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

CANCELLATION



MYERS-1 OP ID: LKS

DATE (MM/DD/YYYY) 03/12/13

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INSURED INVERS FERCING					INSURER B:						
Troy Myers DBA 5001 Park Central							INSURER C:				
		Nicholasville, KY 40356				INSURE	RD:				
		Micholasville, IVI 40300				INSURER E :					
						INSURE					
	VERA	ices cep	TIEIC	`ATC	NUMBER:	LINGUINE	<u> </u>		REVISION NUMBER:		
			,.,	***** * * * * * * * * * * * * * * * * *	,,.,.,,,,,,.,.,,.,,	/F BFF	N ISSUED TO			IF POI	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY R				EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI						WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT	s	
		RAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Α	$\mathbf{x}$	COMMERCIAL GENERAL LIABILITY			PAC3320816		07/15/12	07/15/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
l'`		CLAIMS-MADE X OCCUR					:		MED EXP (Any one person)	s	10,000
		CEANVIS-IVIADECCCCR									1,000,000
	₩:	direct & Non Owned				}			PERSONAL & ADV INJURY	\$	2,000,000
	-	lired & Non Owned							GENERAL AGGREGATE	\$	*
		AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY X PRO- JECT LOC							Emp Ben.	\$	1,000,000
	AUTO	MOBILE LIABILITY	;						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						•	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
										\$	
	Ĺ	JMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	H,	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	$\vdash$	T COMO MACE							AGGREGATE	<b>\$</b>	
		DED RETENTION \$ KERS COMPENSATION							WC STAŤU- OTH- TORY LIMITS ER	Φ	
	ANDE	MPLOYERS' LIABILITY Y/N									
	OFFIC	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mand	latory in NH)									
	DESC	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
						}					
DES	CRIPTIO	N OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach A	CORD 101, Additional Remarks Sc	hedule, if	more space is re	equired)			
CE	RTIFIC	CATE HOLDER				CANC	ELLATION			****************	
					LFUCGDI	A11-		FUE ADDICE *		SNOT!	ED BEEGEE
									ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E		
		LFUCG							Y PROVISIONS.		
		200 East Main, Room 338	l								
		Lexington, KY 40507				AUTHOR	RIZED REPRESEN	VTATIVE			
						Johnson	MAR	7			
							A Barner				



DATE (MM/DDYYYYY) 03/11/2013

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PHONE
(A/C, No, Ext): (859) 219-1121
E-M All
ADDRESS: glenna@sladeandcollins.com PRODUCER Stade & Collins Insurance Agency FAX (AC, No); (859) 219-1125 3320 Clays Mill Road Suite 109 Lexington, KY 40503 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : KESA 36609 INSURED Myers Fencing, LLC INSURER B : 5001 Park Central INSURER C: Nicholasville, KY 40356 INSURER D : 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 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WYD GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ OCCUR CLAIMS-MADE MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE GENL AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$ POLICY PRO-\$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY ALITO SCHEDULED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE NON OWNED AUTOS \$ HRED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION \$ WORKERS COMPENSATION WC 100-0015115-2013A 02/01/2013 02/01/2014 TORY LIMITS AND EMPLOYERS' LIABILITY 2.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (M andatory in NH) EL EACH ACCIDENT NIA 2,000,000 E L DISEASE - EA EMPLOYEE | \$ # yes, describe under DESCRIPTION OF OPERATIONS below 2,000,000 EL DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **CERTIFICATE HOLDER** CANCELLATION

CERTIFICATE HOLDER

LFUCG Division of Building Inspection
200 E. Main Street
Lexington, KY 40507

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