

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/15/2013

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(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 fleu of such endorsement(s).

PRODUCER PERRY & PERRY STATE FARM INSURANCE 2128 NICHOLASVILLE RD StateFarm LEXINGTON, KY 40503		CONTACT NAME: PHONE FAX [A/C, No, Ext]: (A/C, No): E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A : State Farm Mutual Automobile Insurance Company	25178			
INSURED	CLEAN PRO OF AMERICA LLC DBA RAINBOW	INSURER 6 :				
	INTERNATIONAL OF LEXINGTON	INSURER C:				
	2008 PARK CENTRAL AVE STE D	INSURER D:				
	NICHOLASVILLE, KY 40356	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. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDLISUBRI TYPE OF INSURANCE POLICY NUMBER INSR WVD **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 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMPIOP AGG ! \$ POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 189 2530-A12-17A 01/12/2013 07/12/2013 1,000,000 Δ BODILY INJURY (Per person) ANY AUTO 139 5908-E07-17D 11/07/2012 05/07/2013 SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) 08/24/2013 096 0293-B24-17G 02/24/2013 PROPERTY DAMAGE × HIRED AUTOS \$ (Per accident) 086 7735-B23-17G 02/23/2013 08/23/2013 UMBRELLA CIAB \$ **EACH OCCURRENCE** OCCUR EXCESS LIAB AGGREGATE \$ CLAIMS-MADE RETENTION \$ DED WC STATU-TORY LIMITS ER AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe and E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if raore space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE **LFUCG** THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 200 EAST MAIN STREET **LEXINGTON, KY 40507**

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)

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1001486 132849.8 01-23-2013



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/18/2013

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.

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CONTACT MONICA LANDERS

HAMILTON INS GROUP				(A/C.	PHONE (A/C, No. Ext): 859-317-2216 (A/C, No.: 800-498-1987				
401 LEW	/IS HARGETT CIRCLE, #130			I F.MA	ıı. iEss: Janderm3		com		
LEXINGTON, KY 40503					INSURER(S) AFFORDING COVERAGE				
				INSU	RERA: ROCKH	ILL INSURAN	ICE COMPANY		
INSURED				insu	RER B :				
CLEAN PRO OF AMERICA, LLC			INSU	INSURER C:					
	DBA RAINBOW RESTOR		N	INSU	RER D :				
	2008-D N PARK CENTRA	L.		111011	RER E :				
	NICHOLASVILLE, KY			40330	RER F :				
COVER	AGES CER	TIFIC	ATE	NUMBER:			REVISION NUMBER:		
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NSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	IERAL LIABILITY					į	EACH OCCURRENCE	\$ 1,000,000	
×	COMMERCIAL GENERAL LIABILITY			1 Andrews			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
-	CLAIMS-MADE X OCCUR	Y	1	Venne		İ	MED EXP (Any one person)	\$ 5,000	
				ENVP001323-00	03/01/2013	03/01/2014	PERSONAL & ADV INJURY	\$ 1,000,000	
				Transport State			GENERAL AGGREGATE	s 2,000,000	
GEN	I'L AGGREGATE LIMIT APPLIES PER			A LOCACION F.			PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	POLICY PRO- JECT LOC				100			\$	
	OMOBILE LIABILITY				š		COMBINED SINGLE LIMIT (Ea accident)	S	
	ANY AUTO	1	1		demand of the state of the stat		BODILY INJURY (Per person)	\$	
÷	ALL OWNED SCHEDULED				- ANALAS		BODILY INJURY (Per acodent)	5	
	AUTOS AUTOS NON-OWNED				TANK TANK		PROPERTY DAMAGE	\$	
·	HIRED AUTOS AUTOS	AL WALES			A Paragraphic Control of the Control		(Per accident)	\$	
-	UMBRELLA LIAB OCCUR		-				EACH OCCURRENCE	s	
]	OCCOM		I			- American American		s	
	1 00 1110 11102					-	AGGREGATE	s	
WO	DED RETENTION S RKERS COMPENSATION] 	<u> </u>				WC STATU- OTH- TORY LIMITS ER	3	
AND	EMPLOYERS' LIABILITY Y/N		ļ			1			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?		N/A		The state of the s	İ	· vvanentvi.	E.L. EACH ACCIDENT	\$	
	ndatory in NH) s, describe under]		san.a		TARREST TO THE PROPERTY OF THE	E L. DISEASE - EA EMPLOYEE		
DES	CRIPTION OF OPERATIONS below	ļ	!				E.L. DISEASE - POLICY LIMIT	\$	
Ai	fessional Liability lution Liability	Y	WWW.	ENVP001323-00	03/01/2013	03/01/2014	Aggregate Each Cont. Poll Aggregate	\$2,000,000 \$1,000,000 \$2,000,000	
DESCRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	ES 11	l	ACORD 101 Additional Remarks Sched	ule, if more space is	s required)			
CERTIFICATE HOLDER					CANCELLATION				
~==: >	3 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -					*************			
LFUCG 200 E. Main St Lexington, KY 40507					HOULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE OF	ANCELLED BEFORE	
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE				
				Mon	Monica Launders				
	1			1					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/19/2013

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.

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C	ertificate holder in lieu of such endor	semen	nt(s).						
PRO	DUCER			CONTACT Stephanie Casey					
Al	Torstrick Insurance Age	Inc	PHONE (A/C, No, Ext): (859) 233-1461 (A/C, No): (859) 281-9450						
	3 Waller Avenue	_		E-MAIL ADDRESS: scasey@altorstrick.com					
				PRODUCER CUSTOMER ID #.000	07594				
Le	xington KY 40		INSURER(S) AFFORDING COVERAGE NA						
	IRED				nsurer's Fund		: :		
				INSURER B :					
Cl	ean Pro of America LLC a	ınd R	Rainbow	INSURER C :					
In	ternational Restoration	of I	Lexingtom	INSURER D :					
20	08-D N Park Central			INSURER E :					
Nicholasville KY 40356				INSURER F :					
СО	VERAGES CER	TIFIC/	ATE NUMBER:2012-2013			REVISION NUMBER	:		
E E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	EMENT, TERM OR CONDITION NN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVE	OF ANY CONTRAC ED BY THE POLICI BEEN REDUCED B	T OR OTHER ES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RES D HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSR LTR	The state of the s	INSR V	NVD POLICY NUMBER	(MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)		MITS		
	CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$		
	, oz m. o m. oz	1				PERSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	s		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AG	_		
	POLICY PRO- JECT LOC			-		711000010 00111101 110	\$		
	AUTOMOBILE LIABILITY			ę.		COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO		AAA."			BODILY INJURY (Per persor	1) \$		
	ALL OWNED AUTOS					BODILY INJURY (Per accide	nt) \$		
	SCHEDULED AUTOS HIRED AUTOS	4				PROPERTY DAMAGE (Per accident)	\$		
	NON-OWNED AUTOS					<u> </u>	\$		
				ļ		,,,,	\$		
	UMBRELLA LIAB OCCUR			į		EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE		-			AGGREGATE	\$	hanna de hanna e de hanna e e e e e e e e e e e e e e e e e e	
	DEDUCTIBLE				ĺ		\$		
	RETENTION \$][s		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- TORY LIMITS E	H- R		
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	4,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	18741-0	1/1/2013	12/31/2013	E.L. DISEASE - EA EMPLOY	ÆE \$	4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIM	ιт \$	4,000,000	

	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ke Cossette is excluded from				e is required)	-			
CERTIFICATE HOLDER			CANCELLATION						
	LFUCG 200 East Main St.			THE EXPIRATIO ACCORDANCE W	N DATE THE	ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS.			
Levington KV 40507				AUTHORIZED REPRESENTATIVE					

ACORD 25 (2009/09) INS025 (200909) Stephanie Casey/MJA