

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2015

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). CONTACT Karen O'Hara, CIC, CP PHONE (A/C, No, Ext): (502) 456-2001 E-MAIL B-MAIL SERVICE (EXTREMENT OF THE PROPERTY OF THE PRO PRODUCER Karen O'Hara, CIC, CPIW, AAI, CPIA Van Zandt, Emrich & Cary Inc. FAX (A/C, No): (502) 454-5137 12401 Plantside Drive Louisville, KY 40299 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Westfield Insurance Co. 24112 INSURED INSURER B : Bridgefield Casualty Ins Co-Kentucky CityVisions LLC INSURER C: 815 W Market Street, Suite 300 INSURER D ; Louisville, KY 40202 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 POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) CWP3993393 11/16/2014 : 11/16/2015 100,000 5.000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG ŝ OTHER COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 1,000,000 Х CWP3993393 11/16/2014 11/16/2015 ANY AUTO BODILY INJURY (Per person) ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS ŝ AUTOS S UMBRELLA LIAB OCCUR EACH OCCURRENCE 1,000,000 **EXCESS LIAB** CWP3993393 11/16/2014 11/16/2015 CLAIMS-MADE AGGREGATE \$ 0 DED X RETENTIONS 1,000,000 WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? В 19635391 09/22/2014 09/22/2015 500,000 E.L. EACH ACCIDENT (Mandatory in NH) 500,000 E.L. DISEASE - EA EMPLOYEE'S If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AGORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Lexington Fayette Urban County Government ACCORDANCE WITH THE POLICY PROVISIONS. 200 East Main Street Lexington, KY 40507 AUTHORIZED REPRESENTATIVE



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/23/2015

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

PF	certificate holder in lieu of such endorseme RODUCER	ent(s).	CONTACT Karen O'Hara, CIC, CPIW, AAI, CPIA PHONE (AIC, No, Ext): (502) 456-2001 (AIC, No): (502) 454-5137					
٧ź	n Zandt, Emrich & Cary Inc.							
Lc Lc	401 Plantside Drive uisville, KY 40299		E-MAIL ADDRESS: Service			(302) 434-3137		
					ORDING COVERAGE	NAIC#		
			INSURER A : Houst	42374				
IN	BURED		INSURER B:					
	CityVisions Associates LLC		INSURER C:					
	815 W Market Street Ste 300 Louisville, KY 40202		INSURER D ;					
	L001341116, 177 40202		INSURER E:					
C	OVERAGES CERTIFIC	CATE NUMBER:	INSURER F:					
	THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POLI	F INSURANCE LISTED BELOW IREMENT, TERM OR CONDITION ITAIN, THE INSURANCE AFFOI CIES. LIMITS SHOWN MAY HAVI	ON OF ANY CONTRA RDED BY THE POLIC E BEEN REDUCED BY	ACT OR OTHE CIES DESCRI PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO S.	OLLE BORDING OF TO		
INS		SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY	) LEMITS	S		
	COMMERCIAL GENERAL LIABILITY			Ť.	EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR				PREMISES (Ea occurrence)	\$		
						<u>\$</u>		
	OFANI ACOPTO ATT LIMIT APPLIES DED					\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:					\$		
	POLICY JECT LOC					\$ \$		
	AUTOMOBILE LIABILITY			<del></del>	COMBINED SINGLE LIMIT	\$		
	ANY AUTO		¥ \$	1	(Ea accident)	\$		
	ALL OWNED SCHEDULED		:	:	BODILY INJURY (Per accident)			
	AUTOS AUTOS HIRED AUTOS AUTOS AUTOS			}	PROPERTY DAMAGE (Per accident)	\$		
				:		\$		
	UMBRELLA LIAB OCCUR		1	:	EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE			:	AGGREGATE	\$		
	DED RETENTIONS					s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		:		PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A		İ		E.L. EACH ACCIDENT	<u>\$</u>		
	(Mandatory In NH)			!	E.L. DISEASE - EA EMPLOYEE	\$		
_	DESCRIPTION OF OPERATIONS below	11744400074			E.L. DISEASE - POLICY LIMIT :			
A A	Professional Liability	H714103671			Per Occurance	1,000,000		
^	Liability	H714103671	06/18/2014	06/18/2015	Aggregate	1,000,000		
ro	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A fessional Liability Deductible is \$4,500.00	CORD 101, Additional Remarks Schedu	ule, may be attached if mon	re space is requi	red)			
<u></u>	IVIII IVATE HOLDEN		CANCELLATION					
	Lexington Fayette Urban County ( 200 East main Street	Government	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, KY 40507							

Client#: 118763 41AUASSOCIAT1

## $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/24/2015

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).

	INSURER F:					
Lexiligion, KT 40000-1297	INSURER E:					
159 Old Georgetown St Lexington, KY 40508-1297	INSURER D:					
A U Associates, Inc.	INSURER C:					
INSURED A LL A consiste a line	INSURER B:					
Lexington, KY 40588	<b>INSURER A: Cincinnati Insurance Co.</b>	10677				
P O Box 2030	INSURER(S) AFFORDING COVERAG	SE NAIC#				
Powell-Walton-Milward	E-MAIL ADDRESS: bstickrod@pwm-jsl.com					
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800-796-3567	FAX (A/C, No): 859-254-8020				
PRODUCER	CONTACT Brenda Stickrod					
certificate fielder in fied of such chaorsement(s).						

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	Χ	COMMERCIAL GENERAL L	IABILITY			ECP0253799	07/10/2014	07/10/2015	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
									MED EXP (Any one person)	\$5,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		IES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:	_							\$
Α	AUTOMOBILE LIABILITY				EBA0087495	06/25/2014	06/25/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X	ANY AUTO							BODILY INJURY (Per person)	\$
			HEDULED TOS						BODILY INJURY (Per accident)	\$
	X		N-OWNED TOS						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE		CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A					E.L. EACH ACCIDENT	\$
				N/A					E.L. DISEASE - EA EMPLOYEE	\$
									E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as Additional Insured as per written contract with respects to the Auto
Liability and General Liability policies described above and subject to provisions and limitations of the policy. a 30 day notice of cancellaiton is granted.

CERTIFICATE HOLDER	CANCELLATION			
Lexington-Fayette Urban County Government 200 East Main Street	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, KY 40507	AUTHORIZED REPRESENTATIVE			
-	A Advance of the second			

© 1988-2014 ACORD CORPORATION. All rights reserved.