

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/1/2014

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).

<b>PRODUCER</b> Willis of Massachusetts, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191	<b>CONTACT NAME:</b> certificates@willis.com	
	<b>PHONE (A/C, No, Ext):</b> (877) 945-7378	<b>FAX (A/C, No):</b> (888) 467-2378
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> National Union Fire Insurance Company of Pittsburgh		<b>19445</b>
<b>INSURER B :</b> New Hampshire Insurance Company		<b>23841</b>
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED**  
 UniFirst Corporation and its Subsidiaries  
 68 Jonspin Road  
 Wilmington, MA 01887-1086

**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
A	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>6819381</b>	<b>10/1/2013</b>	<b>10/1/2014</b>	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							
B	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>6403988</b>	<b>10/1/2013</b>	<b>10/1/2014</b>	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
SCHEDULED AUTOS NON-OWNED AUTOS							
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>	<b>026020382</b>	<b>10/1/2013</b>	<b>10/1/2014</b>	E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	<b>Business Auto</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>6403989</b>	<b>10/1/2013</b>	<b>10/1/2014</b>	<b>SEE ATTACHED</b>

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

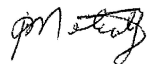
**THIS CERTIFICATE VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 04/30/2014**

Certificate Holder is an Additional Insured for General Liability and Auto Liability as their interest may appear if required by written contract but only with respect to liability arising out of operations of the Named Insured.

It is understood and agreed that the Company waives its right of Subrogation against the Additional Insured which may arise by reason of a payment of claim under all the policies, if required by written contract and as permitted by law.

SEE ATTACHED ACORD 101

**CERTIFICATE HOLDER****CANCELLATION**

Lexington-Fayette Urban County Government Div. of Risk Management Attn: Risk Management 200 East 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 
--	--

© 1988-2010 ACORD CORPORATION. All rights reserved.



### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Willis of Massachusetts, Inc.</b>		NAMED INSURED <b>UniFirst Corporation and its Subsidiaries</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		<b>68 Jonspin Road</b>	
CARRIER <b>SEE PAGE 1</b>		NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>
		<b>Wilmington, MA 01887-1086</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**  
**Division/Location: 214**

**Additional Insured: LFUCG**

## ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
<b>POLICY TYPE: Business Auto</b> <b>CARRIER: New Hampshire Insurance Company</b> <b>POLICY TERM: 10/1/2013 to 10/1/2014</b> <b>POLICY NUMBER: 6403989</b>	<b>Any Auto</b> <b>\$2,000,000 Combined Single Limit</b>
<b>POLICY TYPE: Business Auto</b> <b>CARRIER: New Hampshire Insurance Company</b> <b>POLICY TERM: 10/1/2013 to 10/1/2014</b> <b>POLICY NUMBER: 6403990</b>	<b>Any Auto</b> <b>\$2,000,000 Combined Single Limit</b>
<b>POLICY TYPE: Workers Compensation and Employers Liability</b> <b>CARRIER: Insurance Company of the State of Pennsylvania</b> <b>POLICY TERM: 10/1/2013 to 10/1/2014</b> <b>POLICY NUMBER: 026020377</b>	<b>WC - Statutory Limits</b> <b>\$1,000,000 E.L. Each Accident</b> <b>\$1,000,000 E.L. Disease Policy Limit</b> <b>\$1,000,000 E.L. Disease Each Employee</b>
<b>POLICY TYPE: Workers Compensation and Employers Liability</b> <b>CARRIER: National Union Fire Insurance Company of Pittsburgh</b> <b>POLICY TERM: 10/1/2013 to 10/1/2014</b> <b>POLICY NUMBER: 6636242</b>	<b>WC - Statutory Limits</b> <b>\$1,000,000 E.L. Each Accident</b> <b>\$1,000,000 E.L. Disease Policy Limit</b> <b>\$1,000,000 E.L. Disease Each Employee</b>
<b>POLICY TYPE: Workers Compensation and Employers Liability</b> <b>CARRIER: Insurance Company of the State of Pennsylvania</b> <b>POLICY TERM: 10/1/2013 to 10/1/2014</b> <b>POLICY NUMBER: 026020379</b>	<b>WC - Statutory Limits</b> <b>\$1,000,000 E.L. Each Accident</b> <b>\$1,000,000 E.L. Disease Policy Limit</b> <b>\$1,000,000 E.L. Disease Each Employee</b>
<b>POLICY TYPE: Workers Compensation and Employers Liability</b> <b>CARRIER: New Hampshire Insurance Company</b> <b>POLICY TERM: 10/1/2013 to 10/1/2014</b> <b>POLICY NUMBER: 026020378</b>	<b>WC - Statutory Limits</b> <b>\$1,000,000 E.L. Each Accident</b> <b>\$1,000,000 E.L. Disease Policy Limit</b> <b>\$1,000,000 E.L. Disease Each Employee</b>
<b>POLICY TYPE: Workers Compensation and Employers Liability</b> <b>CARRIER: New Hampshire Insurance Company</b> <b>POLICY TERM: 10/1/2013 to 10/1/2014</b> <b>POLICY NUMBER: 026020376</b>	<b>WC - Statutory Limits</b> <b>\$1,000,000 E.L. Each Accident</b> <b>\$1,000,000 E.L. Disease Policy Limit</b> <b>\$1,000,000 E.L. Disease Each Employee</b>
<b>POLICY TYPE: Workers Compensation and Employers Liability</b> <b>CARRIER: New Hampshire Insurance Company</b> <b>POLICY TERM: 10/1/2013 to 10/1/2014</b> <b>POLICY NUMBER: 026020380</b>	<b>WC - Statutory Limits</b> <b>\$1,000,000 E.L. Each Accident</b> <b>\$1,000,000 E.L. Disease Policy Limit</b> <b>\$1,000,000 E.L. Disease Each Employee</b>

<b>POLICY TYPE: Workers Compensation and Employers Liability</b>	<b>WC - Statutory Limits</b>
<b>CARRIER: New Hampshire Insurance Company</b>	<b>\$1,000,000 E.L. Each Accident</b>
<b>POLICY TERM: 10/1/2013 to 10/1/2014</b>	<b>\$1,000,000 E.L. Disease Policy Limit</b>
<b>POLICY NUMBER: 026020381</b>	<b>\$1,000,000 E.L. Disease Each Employee</b>

<b>POLICY TYPE: Workers Compensation and Employers Liability</b>	<b>WC - Statutory Limits</b>
<b>CARRIER: New Hampshire Insurance Company</b>	<b>\$1,000,000 E.L. Each Accident</b>
<b>POLICY TERM: 10/1/2013 to 10/1/2014</b>	<b>\$1,000,000 E.L. Disease Policy Limit</b>
<b>POLICY NUMBER: 026020383</b>	<b>\$1,000,000 E.L. Disease Each Employee</b>