

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/4/2019

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 have ADDITIONAL INSURED provisions or be endorsed.

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain	oolicies may				
PRODUCER Schauer Group, Inc. 200 Market Ave. N Suite 100 Canton, OH 44702						CONTACT NAME: PHONE (COO) 450 7704 FAX (COO) 450 4044					
						(A/C, No, Ext): (330) 453-7721 (A/C, No): (330)					
						E-MAIL ADDRESS: insure@schauergroup.com					
						INSURER(S) AFFORDING COVERAGE					
				INSURER A : Zurich - American Ins. Group					27855		
INSU	RED			INSURER B : Cincinnati Insurance Companies					10677		
	AWP, Inc. dba Area Wide Pro	ve		INSURE							
	4244 Mt Pleasant St NW			INSURE							
	North Canton, OH 44720				INSURER E :						
					INSURE	RF:					
COV	VERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RI										
CE	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORI	DED BY	THE POLICE	ES DESCRIB				
NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY					· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$	2,000,000	
Ī	CLAIMS-MADE X OCCUR	х		GLO 0196742-02		6/15/2018	6/15/2019	DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	1,000,000	
								MED EXP (Any one perso		10,000	
Ī								PERSONAL & ADV INJU		2,000,000	
	GEN'I AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	: s	4,000,000	

Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR	Х	GLO 0196742-02	6/15/2018	6/15/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	X ANY AUTO		CAA 5325225	6/15/2018	6/15/2019	BODILY INJURY (Per person)	\$
	X OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		WC 0196743-02	6/15/2018	6/15/2019	E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) WC States: AL CT DE FL GA IN KS KY MA MD MI NC NJ NY OK PA RI SC TN TX VA WV, OH STOP GAP

Lexington Fayette Urban County Government is an additional insured for General Liability where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Lexington Fayette Urban County Government 200 E Main St 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.
Lexington, KT 40507	AUTHORIZED REPRESENTATIVE David T. Schauts

ACORD 25 (2016/03)

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