300,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2016

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).

PRODUCER New Albany / AssuredPartners NL 4500 Town Center Blvd., Suite 200 Jeffersonville, IN 47130	CONTACT NAME: PHONE (A/C, No, Ext): (812) 941-4110 FAMAIL ADDRESS:	AX, No): (812) 944-8010
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A : Westfield Insurance Company INSURER B : FFVA Mutual	NAIC# 24112 10385
Municipal Equipment, Inc. 6305 Old Shepherdsville Road Loulsville, KY 40228	INSURER C: 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 POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CMM1000228 04/13/2016 04/13/2017 500,000 CLAIMS-MADE X OCCUR X 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE

X PRO 3,000,000 PRODUCTS - COMP/OP AGG 5 EBL AGG 2,000,000 OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 04/13/2016 04/13/2017 Х CMM1000228 BODILY INJURY (Per person) S ANY AUTO SCHEDULED ALL OWNED AUTOS BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE 5 HIRED AUTOS s UMBRELLA LIAB 4,000,000 EACH OCCURRENCE 5 **OCCUR** 04/13/2016 04/13/2017 AGGREGATE **EXCESS LIAB** 4,000,000 Α CLAIMS-MADE CMM1000228 S 0 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 04/16/2016 04/16/2017 EL EACH ACCIDENT В ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WC84000282872016A 1,000,000 1,000,000 (Mandatory in NH) E L DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E L DISEASE - POLICY LIMIT

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

Lexington Fayette Urban County Govt. is listed as additional insured with regards to the Named Insured general liability & auto liability coverage as required by written contract with the Named Insured. This insurance is primary for the benefit of the additional insured.

CMM1000228

CERTIFICATE HOLDER	CANCELLATION
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

04/13/2016 04/13/2017 Installation

Equipment Floater

DHURST



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2016

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).

Certificate fiolder fit fied of such endorsements	· · · · · · · · · · · · · · · · · · ·	
PRODUCER	CONTACT NAME:	
New Albany / AssuredPartners NL 4500 Town Center Blvd., Suite 200 Jeffersonville, IN 47130	PHONE (A/C, No, Ext); (812) 941-4110 FAX (A/C) E-MAIL ADDRESS:	(_{1,No):} (812) 944-8010
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Westfield Insurance Company	24112
INSURED	INSURER B : FFVA Mutual	10385
Municipal Equipment, Inc. 6305 Old Shepherdsville Road Loulsville, KY 40228	INSURER C :	
	INSURER D :	
	INSURER E :	•
	INSURER F:	

Louisville, KY 40228			INSURER E:					
			INSURER F:					
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				
ļ	THIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN POLICIES ADDL SUBF	IENT, TERM OR CONDITION I, THE INSURANCE AFFORM I LIMITS SHOWN MAY HAVE R	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	O ALL	WHICH THIS
A	X COMMERCIAL GENERAL LIABILITY	_INSD_WVD) FOLICT NORBER	(with DDT (T C)	(MARIED DITETT)	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR	Х	CMM1000228	04/13/2016	04/13/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500,000
	CLAIMS-MADE ** OCCOR	^				MED EXP (Any one person)	s	15,000
						PERSONAL & ADV INJURY	s	1,000,000
-	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	s	3,000,000
	POLICY X PRO- X LOC					PRODUCTS - COMPIOP AGG	s	3,000,000
	OTHER					EBL AGG	s	2,000,000
\vdash	AUTOMOBILE LIABILITY		<u> </u>			COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
A	X ANY AUTO		CMM1000228	04/13/2016	04/13/2017		\$	
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	s	
	AUTOS					(or bostability	\$	
i —	X UMBRELLA LIAB X OCCUR		•			EACH OCCURRENCE	s	4,000,000
Α	EXCESS LIAB CLAIMS-MADE		CMM1000228	04/13/2016	04/13/2017	2017 AGGREGATE	\$	4,00 0,000
	DED X RETENTION\$ 0						s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WC84000282872016A	04/16/2016 04	04/16/2017	E L EACH ACCIDENT	\$	1,00 0,000
	(Mandatory In NH)	N/A				E L DISEASE - EA EMPLOYEE	\$	1,00 0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - POLICY LIMIT	\$	1,00 0,000
Α	Equipment Floater		CMM1000228	04/13/2016	04/13/2017	Installation		300,000
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR)	D 484 Additional Democra Schools	de may be offected if mo	ne appec la march			
Lex by	ington Fayette Urban County Govt. is lis written contract with the Named Insured	ted as ad	ditional insured with rega	rds to the Named In enefit of the addition	sured genera		overag	e as required
CE	RTIFICATE HOLDER			CANCELLATION				

CERTIFICATE ROLDER	CANCELLATION
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.
Lexington, KT 40307	AUTHORIZED REPRESENTATIVE
	- ARD