

AUTOMOBILE CERTIFICATE OF INSURANCE

CERT # 00951512- 000004	DATE (MM/DD/YYYY) 12/14/2015
-------------------------------	---------------------------------

AGENCY Allen Insurance Group 304 Martin Luther King, Jr. Dr P.O. Box 1439 Fort Valley GA 31030 PHONE (A/C. No. Ext): (478) 825-5566 FAX (A/C. No): (478) 825-3291 E-MAIL ADDRESS: gary@allenins.com CODE: SUB CODE: AGENCY CUSTOMER ID #:	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.
INSURERS AFFORDING COVERAGE COMPANY A: Wesco Insurance Company COMPANY B:	NAIC #
INSURED Lexington Fayette Urban Co Government 150 East Main Street Lexington KY 40507	

YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2014	mack	cxu613		1M1AW01Y4EM006875

COVERAGES

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> AUTO LIABILITY	WPP1019162-05	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
	AUTO PHYSICAL DAMAGE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	DEDUCTIBLE
A	<input checked="" type="checkbox"/> COLLISION LOSS	WPP1019162-05	11/01/2015	11/01/2016	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> <input checked="" type="checkbox"/> STATED AMT \$ 89,000	\$ 1,000
A	<input checked="" type="checkbox"/> COMPREHENSIVE OTHER THAN COLLISION	WPP1019162-05	11/01/2015	11/01/2016	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> <input checked="" type="checkbox"/> STATED AMT \$ 89,000	\$ 1,000
	<input type="checkbox"/>				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> <input type="checkbox"/> STATED AMT \$	\$
	<input type="checkbox"/>				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> <input type="checkbox"/> STATED AMT \$	\$

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES)

CERTIFICATE HOLDER LENDER <input checked="" type="checkbox"/> LESSOR	CANCELLATION
LEASED VEHICLE LOAN / LEASE NUMBER: 80018166 NAME AND ADDRESS OF LENDER / LESSOR 859-233-3740 () - Worldwide Equipment Leasing, Inc. 18285 Lee Hwy Abingdon VA 24210	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>N/A</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE