

## CERTIFICATE OF INSURANCE

The insurance Company indicated below certifies that the Insurance afforded by the policy numbered and described below is in force as the effective date of this certificate. This Certificate of Insurance does not amend, extend or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy or policies numbered and described below.

Certificate Holder's Name and Address:  
**LEXINGTON FAYETTE URBAN CO. GOV**  
**200 EAST MAIN ST**  
**LEXINGTON, KY 40507**

Insured's Name and Address:  
**LEAK ELIMINATORS, LLC**  
**604 BIZZELL DRIVE**  
**LEXINGTON, KY 40510**

TYPE OF INSURANCE	POLICY NUMBER AND ISSUING COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY (*Limits at Inception)
<b>GENERAL LIABILITY</b> X Premises - Operations X Products - Completed Operations Endorsement X Explosion-Collapse Underground Endorsement X Personal & Advertising Injury X Medical Expense X Fire Damage Legal X Pollution Liability Endorsement X Garage Liability - Premises	ACP 5606263687 NATIONWIDE  MUTUAL  INSURANCE COMPANY	08/03/13	08/03/14	General Aggregate* \$ 2,000,000 Pr. Comp. OP. Agg.* \$ 2,000,000  Each Occurrence \$ 1,000,000  Any One Person/Org. \$ 1,000,000 Any One Person \$ 5000 Any One Fire \$ 100,000 \$ 1,000,000 Each Accident \$ 100,000 Aggregate*
<b>AUTOMOBILE LIABILITY #</b> X Business Auto X Garage X Owned X Hired X Non-Owned  # Fill-in either Combined Single Limits or Split Limits	ACP 5606263687 NATIONWIDE  INSURANCE COMPANY	08/03/13	08/03/14	Bodily Injury (Each Person) \$ 1,000,000 (Each Accident) \$ 1,000,000 Property Damage 1,000,000 (Each Accident) \$ 1,000,000 Combined Single Limit \$ 1,000,000
<b>EXCESS LIABILITY</b> X Umbrella Form	ACP 5606263687  NATIONWIDE  INSURANCE COMPANY	08/03/2013	08/03/2014	Each Occurrence \$ 5,000,000 Aggregate* \$ 5,000,000
X Workers Compensation  and  X Employers' Liability	  AGC	08/03/2013	08/03/2014	Statutory Limits Bodily Injury Ea. Accident by Accident \$ 1,000,000  Bodily Injury Each Employee by Disease \$ 1,000,000  Bodily Injury Policy Limit by Disease \$ 1,000,000

Insurance in force only for hazards indicated by X.

Description of  
 Operations/Locations/  
 Vehicles/Restrictions/  
 Special Item

Date Certificate Issued:08/05/13

Authorized Representative:  
 Countersigned at:

Renee Jackson Miller  
 1099 S Broadway, Ste 180, Lexington, KY 40504