



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/18/2017

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. 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 ARNOLD INSURANCE AGENCY, INC. 1400 HAFT DRIVE REYNOLDSBURG, OH 43068	CONTACT NAME: KIM PHONE (A/C. No. Ext): 614-863-0455	FAX (A/C. No.): 614-863-2474	
	E-MAIL ADDRESS: kim@arnoldinsuranceagency.com		
INSURED ECHO 24 INC ET AL 167 A CYPRESS STREET REYNOLDSBURG, OHIO 43068 PH: (740) 964-7081 FX: (740) 964-7083	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: MOTORISTS MUTUAL INSURANCE CO		14621
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	33.261853-60E	10/27/16	10/27/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		33.261853-60E	10/27/16	10/27/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			33.261853-60E	10/27/16	10/27/17	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	33.261853-60E	10/27/16	10/27/17	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER KENTUCKY - WC E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$
A	OHIO STOP GAP/ EMPLOYERS LIABILITY			33.261853-60E	10/27/16	10/27/17	\$500,000 \$500,000 \$500,000

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

ADDITIONAL INSURED ON THE GENERAL LIABILITY AND AUTOMOBILE LIABILITY IS LISTED BELOW AS CERTIFICATE HOLDER. INSURANCE IS PRIMARY AND NON-CONTRIBUTORY. 30 DAY NOTICE OF CANCELLATION.

RE: WIRING PROJECT FOR POLICE ROLL CALL**CERTIFICATE HOLDER****CANCELLATION**

LFUCG DIVISION OF CENTRAL PURCHASING 200 E. MAIN STREET, ROOM 338 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 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION ENDORSEMENT

All Coverage Forms included in this policy are subject to the following condition:

If we cancel this policy, for any reason other than nonpayment of premium, we will mail advance notice to the person(s) or organizations(s) as shown in the Schedule.

SCHEDULE

Person or Organization (Name and Address)	Advance Notice (Days)
LFUCG DIVISION OF CENTRAL PURCHASING 200 E. MAIN STREET, ROOM 338 LEXINGTON, KY 40507	30



Additional Insured Contractors - Automatic Status When Required In Written Contract With You

CG 7037 (10-06)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- A. **Section II - Who Is An Insured** is amended to include as an additional insured any person or organization when you and such person or organization have agreed in a written contract that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;
In the performance of your ongoing operations for the additional insured; or
3. When required in a written contract, "your work" included within the "products-completed operations hazard."

- B. With respect to the insurance afforded to these additional insureds, the following exclusions apply:

This insurance does not apply to:

1. "Bodily injury," "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.

2. Any negligent act or omission committed by any additional insured.

Exclusion B.2. does not apply to liability assumed by you in a written contract that is an "insured contract."

3. "Bodily injury," "property damage" or "personal and advertising injury" that occurs prior to the execution of the written contract.
4. "Your work" completed prior to the effective date of this endorsement and included in the "product-completed operations hazard."
5. "Bodily injury" or "property damage" caused by "your work" included within the "products-completed hazard," when not required in a written contract.

- C. The limits of insurance applicable to the additional insured are those specified in the written contract or in the Declarations for this Coverage Form, whichever are less. If no limits are specified in the written contract, the limits applicable to the additional insured are those specified in the Declarations for this Coverage Form. These limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- D. **Section IV - Commercial General Liability Conditions, 4., Other Insurance** is amended to include:

Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether the other insurance is primary, excess, contingent or on any other basis unless the written contract between you and the additional insured requires this insurance to be primary.

All Other Terms And Conditions Of The Policy Remain Unchanged

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Motorists Mutual Insurance Company

CG 7037 (10-06)



Additional Insured

CA 7020 (12-90)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM

WHO IS AN INSURED (Section II) is amended to include the person or organization shown in the Schedule, but only with respect to his or her liability because of acts or omissions of an 'insured'.

SCHEDULE

NAME OF PERSON OR ORGANIZATION	ATTENTION
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**LFUCG
 DIVISION OF CENTRAL PURCHASING
 200 E. MAIN STREET, ROOM 338
 LEXINGTON, KY 40507**

Motorists Mutual Insurance Company



**Waiver Of Transfer Of Rights Of
Recovery Against Others To Us -
Non-scheduled**

CG 7036 (10-06)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITION:

We waive any right of recovery we may have against a person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a written contract or written agreement with that person or organization requiring such waiver and included in the "products-completed operations hazard."

Our rights may only be waived prior to a loss. The insured must do nothing after a loss to impair our rights of recovery against others.

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