

CERTIFICATE OF LIABILITY INSURANCE

JGBEN-1

OP ID: CA

DATE (MM/DD/YYYY)

11/29/2016

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(ies) 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 C. H. Insurance Brokerage Services Co., Inc. 100 Madison St, Sulte 100 Syracuse, NY 13202-2704 CH Ins Brokerage Services Inc		CONTACT CH Ins Brokerage Services Inc		
		PHONE (A/C, No, Ext): 315-234-7500 (A/C, No): 315-234-7508 E-MAL ADDRESS:		
				INSURER(S) AFFORDING COVERAGE
		INSURER A: Travelers Cas Ins Co of Americ	19045	
		NSURED	JGB Enterprises, Inc. Matt DeKay, CFO 115 Metropolitan Drive Liverpool, NY 13088	INSURER B : Phoenix Ins Co
INSURER C: Travelers Property Casualty	25674			
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 В X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 6304B304524 04/01/2016 04/01/2017 300,000 \$ 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY **2,0**00,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ JECT 2.000,000 POLICY LOC PRODUCTS - COMP/OP AGG 5 1,000,000 Emp Ben. OTHER S

COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** S 1,000,000 В X 04/01/2016 04/01/2017 BA4B304524 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) 5 AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) Х Х s HIRED AUTOS S UMBRELLA LIAB X 10,000,000 OCCUR EACH OCCURRENCE S C **EXCESS LIAB** CUP4B304524 04/01/2016 04/01/2017 10,000,000 CLAIMS-MADE AGGREGATE \$ 10,000 DED X RETENTIONS

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
A NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under DESCRIPTION OF OPERATIONS below

UB6F232796

UB6F232796

UB6F232796

O4/01/2016

O4/01/2017

O4/01/2017

E L EACH ACCIDENT \$ 1,000,000

E L DISEASE - EA EMPLOYEE \$ 1,000,000

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)

CERTIFICATE HOLDER		CANCELLATION
LE Lexington Favette Urban County	XINGU	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 Fayette Urban County Government 200 East Maine Street Lexington, KY 40507

Suseph Convertino