Client#: 120576

 $ACORD_{"}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/15/2015

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)

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PRODUCER	CONTACY Brenda Stickrod		
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No): 85	859-254-8020	
Powell-Walton-Milward	E-MAIL ADDRESS: bstickrod@pwm-jsl.com		
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC#	
Lexington, KY 40588	INSURER A: Cincinnati Insurance Co.	10677	
INSURED	INSURER B: KESA, The Kentucky WC Fund	3556	
Grogans Inc. and Lynn & Virginia Grogan 1016 South Broadway	INSURER C:	15 19	
	INSURER D :		
	INSURER E :		
Lexington, KY 40504	INSURER F:		
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER		

CO	/ERAGES CER	TIFICATE NUMBER:			REVISION NUMBER:	
TH	IS IS TO CERTIFY THAT THE POLICIES	OF INSURANCE LISTED	BELOW HAVE BEEN ISSUED TO	THE INSURED	NAMED ABOVE FOR THE	POLICY PERIOD
	DICATED. NOTWITHSTANDING ANY RE	*				
	ERTIFICATE MAY BE ISSUED OR MAY F	·				ILL THE TERMS
	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
NSR LTR	TYPE OF INSURANCE	ADDL'SUBR	CY NUMBER POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
Α	GENERAL LIABILITY	EPP013707	8 04/22/2014	04/22/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000
	CLAIMS-MADE X OCCUR				MED EXP (Any one person)	s 5,000
					PERSONAL & ADV INJURY	\$1,000,000

				PERSONAL & AUY INJURT	\$1,000,000
ı				GENERAL AGGREGATE	\$2,000,000
ı	GEN'L AGGREGATE LIMIT APPLIES PER			PRODUCTS - COMP/OP AGG	s2,000,000
ı	POLICY PRO- JECT LOC				S
Γ	A AUTOMOBILE LIABILITY	EPP0137078	04/22/2014 04/22/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
Ī	X ANY AUTO	İ		BODILY INJURY (Per person)	\$
ı	ALL OWNED SCHEDULED AUTOS AUTOS			BODILY INJURY (Per accident)	\$
l	X HIRED AUTOS X NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	s
L	X Drive Oth Car				\$
ľ	A X UMBRELLA LIAB X OCCUR	EPP0137078	04/22/2014 04/22/2015	EACH OCCURRENCE	s3,000,000
	EXCESS LIAB CLAIMS-MADE	•		AGGREGATE	s3,000,000
	DED X RETENTION \$0				\$
Γ	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	6671	07/01/2014 07/01/2015	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	\$2,000,000

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

Certificate Holder is included as additional insured/vendors form as per written contract but only with respects to the general liability insurance and subject to the provisions and limitations of the policy.

CERTIFICATE HOLDER	CANCELLATION
Lexington Fayette Urban County Government Div of Risk Mgmt	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 East Main St. Lexington, KY 40507	AUTHORIZED REPRESENTATIVE
7/	John Marian Marian

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E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$2,000,000

E.L. DISEASE - POLICY LIMIT | \$2,000,000

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

(Mandatory In NH)