



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/6/2015

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).

<b>PRODUCER</b> <b>Torian Hofmann Dillow &amp; Flittner Insurance</b> <b>Robert R Dillow</b> <b>3000 Division St</b> <b>Evansville IN 47711</b>	<b>CONTACT NAME:</b> Laura McCreight <b>PHONE (A/C No. Ext):</b> (812)424-5503 <b>E-MAIL ADDRESS:</b> laura@thdfins.com		<b>FAX (A/C No):</b> (812)424-9016
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> <b>EVAPAR Inc</b> <b>fka Evansville Auto Parts Inc</b> <b>9000 N Kentucky Ave</b> <b>Evansville IN 47725-1396</b>	<b>INSURER A:</b> Cincinnati Ins Co		<b>10677</b>
	<b>INSURER B:</b> Cincinnati Casualty		<b>28665</b>
	<b>INSURER C:</b> American Safety Ins Co		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

### COVERAGES

### CERTIFICATE NUMBER: MASTER

### 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			EPP 013 69 42	6/1/2014	6/1/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			INCLUDES BROAD FORM			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CONTRACTORS LIABILITY			MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY						PERSONAL & ADV INJURY	\$ 1,000,000
C	<input checked="" type="checkbox"/> POLLUTION LIABILITY			EIL017419-10-02	10/8/2013	10/8/2016	GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			\$1,000,000 EA INCIDENT			PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY			EBA 013 69 42	6/1/2014	6/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED PHYS DM	<input checked="" type="checkbox"/> Comp/Collision		MCS-90 ENDORSEMENT			Pollution Liability	\$ 25,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		EPP 013 69 42	6/1/2014	6/1/2015	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		*UMBRELLA LIMIT IN			AGGREGATE	\$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$		0	ADDITION TO EA POLICY*				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 2109235-09	6/1/2014	6/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	IN IL & WV			E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			(All States...)			E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	PROPERTY OF OTHERS			EPP 013 69 42	6/1/2014	6/1/2015	LIMIT:	\$3,150,000
A	CONTRACTORS EQUIPMENT			EPP 013 69 42			RENTED/LEASED EQUIP:	\$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
GENERATOR FOR EOC #36-2015. CERTIFICATE HOLDER IS ADDITIONAL INSURED WITH REGARD TO WORK PERFORMED BY THE NAMED INSURED. Copy to Kathy @ EVAPAR

### CERTIFICATE HOLDER

### CANCELLATION

(859)258-3322      kthomas@lexingtonky.gov  <b>LEXINGTON - FAYETTE URBAN CO GOVERNMENT</b> <b>1793 OLD FRANKFORT PIKE</b> <b>LEXINGTON, KY 40507</b>	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  Robert Dillow/LEM 
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