



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
09/21/2012

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, endorsed, or otherwise limited, the certificate holder must be advised. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		WILLS of North Carolina, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	
INSURED		General Parts International, Inc. 2635 E. Millbrook Road Raleigh, NC 27604	
INSURER A:	National Union Fire Ins. Co. of Pittsburgh 19445-001	INSURER B:	New Hampshire Insurance Company 23841-001
INSURER C:	Illinois National Insurance Company 23817-002	INSURER D:	
INSURER E:		INSURER F:	
CONTACT		NAME: WILLS of North Carolina, Inc. PHONE: 877-945-4578 FAX: 888-467-2378 E-MAIL: certificates@wills.com ADDRESS: 877-945-4578	
INSURER(S) AFFORDING COVERAGE		NAIC #	

COVERAGES
CERTIFICATE NUMBER: 18567495
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	TR	TYPE OF INSURANCE	ADDITIONAL SUBR	INSUR POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
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A		GENERAL LIABILITY	Y	GL2449646	10/1/2011	10/1/2012	\$ 2,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B		COMMERCIAL GENERAL LIABILITY					
		CLAIMS-MADE	<input checked="" type="checkbox"/>				
		GENL AGGREGATE LIMIT APPLIES PER:					
		POLICY	<input type="checkbox"/>				
		LECT	<input type="checkbox"/>				
		LOC	<input type="checkbox"/>				
B		AUTOMOBILE LIABILITY		MA CA4309508	10/1/2011	10/1/2012	\$ 2,000,000 COMBINED SINGLE LIMIT
A		ANY AUTO		VA CA4309509	10/1/2011	10/1/2012	\$
		SCHEDULED	<input type="checkbox"/>				
		ALL OWNED	<input type="checkbox"/>				
		AUTOS	<input type="checkbox"/>				
		NON-OWNED	<input type="checkbox"/>				
		AUTOS	<input type="checkbox"/>				
		HIRED AUTOS	<input type="checkbox"/>				
		\$500,000 S	<input type="checkbox"/>				
A		UMBRELLA LIAB					
		OCCUR	<input type="checkbox"/>				
		EXCESS LIAB					
		CLAIMS-MADE	<input type="checkbox"/>				
		RETENTIONS					
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		FL WC015884059	10/1/2011	10/1/2012	\$ 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		ANY PROPRIETOR/PARTNER/EXECUTIVE	<input type="checkbox"/>				
		OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>				
		(Mandatory in NH)					
		DESCRIPTION OF OPERATIONS below					
B		WORKERS' COMPENSATION		AOS WC015884062	10/1/2011	10/1/2012	\$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C		WORKERS' COMPENSATION		WC015884060	10/1/2011	10/1/2012	\$ 1,000,000 E.L. Accident \$ 1,000,000 E.L. Disease Ea. Emp. \$ 1,000,000 E.L. Disease - Pol. Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)		EVIDENCE OF COVERAGE	
Lexington Fayette Urban County Government is included as an Additional Insured as respects to General Liability, where required under contract or agreement.			
CANCELLATION		CERTIFICATE HOLDER	

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
Attn: Debra Bright
200 E. Main Street
Lexington, KY 40507

AUTHORIZED REPRESENTATIVE
Debra Bright