Client#: 292136 80SMEINC

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/18/2014

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).

certificate hol	der in lieu of such endorsement(s).					
PRODUCER		CONTACT Sandy Krevonick				
BB&T Insuran	ce Services, Inc.	PHONE (A/C, No, Ext): 804-678-5026	FAX (A/C, No): 888-7	51-3010		
3318 West Frie	endly Ave.,	E-MAIL ADDRESS: skrevonick@bbandt.com				
Ste. 400 Greensboro, NC 27410		INSURER(S) AFFORDING COVERAGE	GE	NAIC #		
		INSURER A: XL Specialty Insurance Compan	ıy	37885		
INSURED	45 1	INSURER B:				
	ME Inc.	INSURER C:				
	0 Liberty Road, Suite 102	INSURER D:				
Lex	xington, KY 40505	INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	BER:			
	RTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD TWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF			Y PERIOD IICH THIS		

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.

ISR TR TYPE OF INSURANCE		CE	ADDL INSR	DLSUBR R WVD POLICY NUMBER (POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY								EACH OCCURRENCE	\$
COMMERCIAL G	ENERAL LIA	ABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
CLAIMS-MADE OCCUR								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$
GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$
POLICY	RO- ECT	LOC							\$
AUTOMOBILE LIABIL	ITY							COMBINED SINGLE LIMIT (Ea accident)	\$
ANY AUTO								BODILY INJURY (Per person)	\$
ALL OWNED AUTOS	AUT	HEDULED TOS						,	\$
HIRED AUTOS	NON LUA	N-OWNED TOS						PROPERTY DAMAGE (Per accident)	\$
									\$
UMBRELLA LIA	3	OCCUR						EACH OCCURRENCE	\$
EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$
DED RETENTION \$									\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					E.L. EACH ACCIDENT	\$
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$
A Professional				DPR9708593	07/01/2013	07/01/2014	\$5,000,000 Per Clain	n	
Liability							\$10,000,000 Aggrega	ate	
								\$250,000 Ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
When required by written contract, thirty days notice of cancellation of this policy will be provided to certificate holder for any reason other than non-payment of premium

CERTIFICATE HOLDER	CANCELLATION			
LFUCG Attn: S. Stone 200 East Main Street	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, KY 40507	AUTHORIZED REPRESENTATIVE			
1	KBlall			

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