Client#: 170986 41ADAMSMANAG

## $ACORD_{\cdot\cdot}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/19/2015

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).

certificate fiolice in fied of sach endorsement(s).					
PRODUCER	CONTACT Paula Hardin				
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No):	859 254-8020			
Powell-Walton-Milward	E-MAIL ADDRESS: phardin@pwm-jsl.com				
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC #			
Lexington, KY 40588	<b>INSURER A: Westfield Insurance Company</b>	24112			
INSURED	INSURER B: Kentucky Employers Mutual Insur	10320			
Adams Management Consultants, PLLC	INSURER C:				
501 Darby Creek Road, Ste 18	INSURER D:				
Lexington, KY 40509	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.

INSR LTR	ISR TYPE OF INSURANCE				ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GEN	NERAL LIABILITY					CWP3721826	02/15/2015	02/15/2016	EACH OCCURRENCE	\$1,000,000
	X	COMMERCIAL GE	NER	AL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$10,000
		CLAIMS-MAD	ÞΕ	X OCCUR						MED EXP (Any one person)	\$5,000
			_							PERSONAL & ADV INJURY	\$1,000,000
										GENERAL AGGREGATE	\$2,000,000
	GEN	N'L AGGREGATE LIN	MIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
		POLICY PR	O- CT	LOC							\$
Α	AUTOMOBILE LIABILITY				CWP3721826	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
		ANY AUTO								BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS	X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
											\$
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$
		DED RETE	ENTIC	ON \$							\$
В		RKERS COMPENSA EMPLOYERS' LIAE		v			01263238	02/19/2015	02/19/2016	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			VE N/A					E.L. EACH ACCIDENT	\$500,000	
	(Mai	ndatory in NH)	LUD	LD:	147.4					E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes	s, describe under CRIPTION OF OPER	RATI	ONS below						E.L. DISEASE - POLICY LIMIT	\$500,000

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

Lexington Fayette Urban County Government is included as Additional Insured as per written contract with respects General Liability including completed operations on a primary and non-contributory as described above and subject to provisions and limitations of the policy. 30 days notice of cancellation applies with respects to the General Liability except for non-payment of premium which is 10 days.

CERTIFICATE HOLDER	CANCELLATION			
LFUCG 200 East Main Street Lexington, KY 40507	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			
1	A Agrees Land			

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