

CERTIFICATE OF LIABILITY INSURANCE

OPID PLC1

DATE (MM/DD/YYYY) 08/21/12

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).

CONTACT NAME:	
(A/C, No, Ext): (A/C, No):	
ADDRESS:	
PRODUCER CUSTOMER ID #: MARTI-6	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Ohio Casualty	24074
INSURER B: Endurance American Specialty	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	
	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MARTI-6 INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Casualty INSURER B: Endurance American Specialty INSURER C: INSURER D: INSURER D: INSURER D:

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EXP POLICY EXP								
INSR LTR		TYPE OF INSURANCE		WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
	GEN	ERAL LIABILITY						EACH OCCURRENCE	\$ 100000
A	х	COMMERCIAL GENERAL LIABILITY			CBP5503185	01/18/12	01/18/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 15000
								PERSONAL & ADV INJURY	\$ 1000000
								GENERAL AGGREGATE	\$ 200000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 200000
		POLICY PRO- JECT LOC							\$
	AUT	OMOBILE LIABILITY			D2 550 24 04			COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
A		ANY AUTO			BA5503181	01/18/12	01/18/13	BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	X	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	х	NON-OWNED AUTOS							\$
									\$
Α	х	UMBRELLA LIAB OCCUR			CU8830811	01/18/12	01/18/13	EACH OCCURRENCE	\$ 1000000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1000000
		DEDUCTIBLE							\$
	x	RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
								Each Occ	1000000
В	Co	nt Pollution Lia			ECC10105026-00	08/14/12	08/14/13	Agg	1000000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Contractors Pollution \$1,000,000 damages Limit for each occurrence, claim or
pollution condition, \$1,000,000 General aggregate limit, \$1,000,00 Claims
expense limit for each claim, \$1,000,000 claims expense aggregate limit.
\$5,000 deductible per pollution condition.

CERTIFICATE HOLDER	CANCELLATION			
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
LFUCG 200 East Main Street Lerxington KY 40507	AUTHORIZED REPRESENTATIVE Creech & Stafford Insurance			