

DATE (MM/DD/YYYY) 1/8/2013

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 endorsements.

C	ertif	icate holder in lie	eu of such en	dorse	ment	(s).								
PRO	DUC	ER						CONTA NAME:	CT Kathy	Vincent,	ACSR			
We	1cì	ı, Graham &	Ogden I	ns.,	Inc	e.		PHONE IA/G. N	o. Ext): (703	) 530-1300 nt@wgoins		FAX (A/C, No):	(703) 5	30-9994
77	23	Ashton Ave	nue					E-MAIL ADDRE	ss kvince	nt@wgoins	. com			
											ROING COVERAGE			NAIC#
Мa	nas	3535	VA	201	09			INSURI	era:Cinci	nnati In	surance Co	mpany		10677
INSL	RED							INSURI	ers:Cinci	nnati In	demnity Co	mpany		23280
Al	1 F	Recreation o	of Virgi	nia,	Inc	e		INSUR	ERC:					
20	609	Gordon Pai	rk Squar	e				INSUR	ERD:					
Su	ite	≥ 170 & 190						INSUR	ERE:					
As	hbi	ırn	VA	201	47			INSURI	ERF:					
		RAGES					NUMBER:12-13 w n		<u></u>		REVISION NUM			
C	IDIC. ERT	ATED, NOTWITHS IFICATE MAY BE I	TANDING AN ISSUED OR M	Y REQ IAY PE	UIREN RTAIN	VEN N, T	ANCE LISTED BELOW HA IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVI	OF AN	Y CONTRACT THE POLICIT REDUCED BY	T OR OTHER ES DESCRIBE Y PAID CLAIM:	DOCUMENT WIT ED HEREIN IS SU S.	H RESPE	CT TO	WHICH THIS
INSR LTR	Γ	TYPE OF INSL	URANCE	AL	DL SUI SR W	BR VD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	5	
	GE	NERAL LIABILITY				1					EACH OCCURRENC	CE	\$	1,000,000
	х	COMMERCIAL GENE	RAL LIABILITY								DAMAGE TO RENTI PREMISES (Ea occ.	mence)	\$	500,000
Α		CLAIMS-MADE	X OCCUR			EPP0081059 4/20/2012 4/20/2013 MED EXP (Any one person)					\$	10,000		
											PERSONAL & ADV	NJURY	\$	1,000,000
											GENERAL AGGREG	BATE	\$	2,000,000
	-	NL AGGREGATE LIMIT	APPLIES PER:								PRODUCTS - COMP	P/CP AGG	\$	2,000,000
		POLICY PRO- JECT	LOC										ş	
	<b>!</b> —	TOMOBILE LIABILITY				1					COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
A	Х										BODILY INJURY (Pe		\$	
		ALL OWNED	SCHEDULED AUTOS NON-OWNED			E.	PP0081059		4/20/2012	4/20/2013	BODILY INJURY (Pe	-	\$	
		HIREO AUTOS	AUTOS			1					PROPERTY DAMAG (Per accident)	iE .	\$	
			1			4	t				Medical Expense		\$	1,000
	Х		OCCUR							•	EACH OCCURRENC	Œ	5	5,000,000
A		EXCESS LIAB	CLAIMS-M	ADE					4 /00 /0010	. (00 (00)	AGGREGATE		\$	5,000,000
_	IECO	DED RETENTI RKERS COMPENSATION				- [	PP0081059		4/20/2012	4/20/2013	I SAC STATIL	IOTU.	5	
В	ANI	EMPLOYERS' LIABILI	ITY 🔻	/N							x VC STATU-	OTH- ER		
	OFF	PROPRIETOR/PARTNE	ERVEXECUTIVE C	N.	A		W1041E0000		4/20/2012	4/20/2013	E.L. EACH ACCIDEN		<u>s</u>	1,000,000
	(Ma If ye	ndatory in NH) is, describe under SCRIPTION OF OPERAT	_		1	ľ	C184158909	1, 20, 2012		7, 20, 2013	E.L. DISEASE - EA E			1,000,000
			TIONS below								E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
A	Pr	operty			1	EI	PP0081059		4/20/2012	4/20/2013	\$50,000			ŀ
Cer	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ertificate holder is Additional Insured with regard to the General Liability and Auto liability as equired by written contract. Umbrella follows form. This insurance is Primary and Non Contributory.													
CEF	TIF	CATE HOLDER						CANO	ELLATION					
Lexington Fayette Urban County Government Divison of Central Purchasing							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							
	I	Lexington, E	KY 4050	7 				K Vin	cent. AC	sr/kav	Kath	رکل ر	باوه	tree



DATE (MM/DD/YYYY) 2/28/2013

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.

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cer	terms and conditions of the policy tificate holder in lieu of such endo	/, cert rseme	ain p ont/s	oolicies may require an e	endorse	ement. A sta	tement on ti	nls certificate does not co	onfer r	ights to the
PRODI		001110	,,,,,(O,	<i>.</i>	CONT/ NAME:	ACT Jav Ma:	rtin			
Per	kins Insurance Agency				PHON	o Ext): (440)		FAX (A/C, No): (	2440123	7-9266
	00 State Road Suite 8				E-MAIL	o Ext: \	K@perkins	insurance.com	440,23	77-0200
P.0	. Box 33001				APPRI					
Nor	th Royalton OH 4	4133			INCUE	ERA:Cinci		RDING COVERAGE		NAIC#
INSUR	ED .						macr bb	ecrarty		
Chr	istopher M Hardin, DBA	: Am	eri	can Safety	INSUR					
	9 Lakeview Drive			.com porcery	INSUR					
					INSUR	***************************************				
Bro	adview Hts OH 44	1147			INSUR					
	<del></del>			NUMBER:2012 to 2	INSURI   013	ENT:		REVISION NUMBER:		!
CEF	S IS TO CERTIFY THAT THE POLICIE: ICATED. NOTWITHSTANDING ANY RE ITIFICATE MAY BE ISSUED OR MAY ILUSIONS AND CONDITIONS OF SUCH	OF I EQUIR PERT	NSUF EMEI AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	ED NAMED ABOVE FOR THE	ፐ ፐብ ነ	AMICH THIC
INSR LTR	TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
i i	SENERAL LIABILITY								\$	1,000,000
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A _	CLAIMS-MADE X OCCUR	x		CSU0031685		9/19/2012	9/19/2013	MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	1,000,000
<u> </u>								GENERAL AGGREGATE	\$	2,000,000
9	EN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
2	POLICY PRO- JECT LOC								\$	
1	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
<u> </u>	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED						ĺ	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-DWNED	i i	i				į	PROPERTY DAMAGE (Per accident)	\$	
								Medical payments	•	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$	
L	EXCESS LIAB CLAIMS-MADE							AGGREGATE	• •	
- 12	DED RETENTIONS								•	
I 1349	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							WC STATU- OTH- TORY LIMITS ER		
A	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A	ļ					E.L. EACH ACCIDENT \$	;	1,000,000
Į (i	Vandatory in NH)		ľ	CSU0031685		9/19/2012	9/19/2013	E.L. DISEASE - EA EMPLOYEE \$	<u> </u>	1,000,000
	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT   \$	}	1,000,000
							***************************************	•		
Lexi	PTION OF OPERATIONS/LOCATIONS/VEHIC ngton-Fayette Urban Count ary/Non-Contributory	LES (A	ttach /	ACORD 101, Additional Remarks coment is named as	Schedule Addi	, if more space is tional In	required) nsured .	The General Liabil	Lity	is
										į
CERT	IFICATE HOLDER				CANC	ELLATION				
	Lexington-Fayette Urbs 200 East Main Street Lexington, OH 40507	an C	our	ty Government	ACC	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE Y PROVISIONS.		

.4	AC	CORD CERTIFIC	CATE OF LIABII	LITY INS	URANCI		DATE (MM/DD/YYYY) 02/26/2013
PRO	DUCE		AX (440)237-8266			JED AS A MATTER OF	
		erkins Insurance Agency	, Inc.	ONLY AND	CONFERS NO	RIGHTS UPON THE CE	RTIFICATE
13	700	) State Road Suite 8		ALTER TH	E COVERAGE A	TE DOES NOT AMEND FFORDED BY THE PO	), EXTEND OR LICIES BELOW.
		Box 33001 1 Royalton, OH 44133			AFFORDING COV		NAIC#
		Christopher M Hardin		INSURER A: C	incinnati Spe	cialty	
		DBA: American Safety Su	rface LLC		ange Insurar		
		8599 Lakeview Drive		INSURER C:			
		Broadview Hts, OH 44147	<u>s</u> .	INSURER D:			
				INSURER E:			
CO	VER	AGES					
T A M	HE PO NY R AY P	OLICIES OF INSURANCE LISTED BEL EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDE IES. AGGREGATE LIMITS SHOWN MA	I OF ANY CONTRACT OR OTHER D D BY THE POLICIES DESCRIBED H	OCUMENT WITH F IEREIN IS SUBJEC	RESPECT TO WHIC	H THIS CERTIFICATE MAY	/ BE ISSUED OR
INSR LTR	ADD'I	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs
		GENERAL LIABILITY	CSU0031685	09/19/2012	09/19/2013	EACH OCCURRENCE	\$ 1,000,000
		X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR				DAMAGE TO RENTED PREMISES (Es occurence)	\$ 100,000
Α		CLAINIS MADE X OCCUR			, <b>#</b>	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000
А		X \$2,500 Deductible			ĺ	GENERAL AGGREGATE	2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					2,000,000
		POLICY PRO-				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
		ANY AUTO ALL OWNED AUTOS				(Ea accident)  BODILY INJURY	
		SCHEDULED AUTOS HIRED AUTOS				(Per person)	\$
		NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO	200			OTHER THAN AUTO ONLY: EA ACC	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	s
		OCCUR CLAIMS MADE				AGGREGATE	\$
						AGGILGATE	s
		DEDUCTIBLE				4,	\$
		RETENTION \$					9
	WOE	RKERS COMPENSATION AND				WC STATU- OTH-	Ψ
	EMP	LOYERS' LIABILITY	1			E.L. EACH ACCIDENT	s
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?			ļ .	E.L. DISEASE - EA EMPLOYEE	
	If yes	s, describe under CIAL PROVISIONS below	•	İ	ŀ	E.L. DISEASE - POLICY LIMIT	·
	OTH		•			E.L. DIGEAGE - FOCIOT CHYIT	
DES	RIPTI	ON OF OPERATIONS / LOCATIONS / VEHICLE ton-Fayette Urban County	ES / EXCLUSIONS ADDED BY ENDORSEM	ENT / SPECIAL PROVIS	SIONS		****
				s additional	insured. 1	ine General Liabi	lity
IS	rir	mary & Non-Contributory.					
CE	RTIF	ICATE HOLDER		CANCELLAT	ION		
		·	· · · ·			RIBED POLICIES BE CANCELLI	ED BEFORE THE
						SUING INSURER WILL ENDEA	
						THE CERTIFICATE HOLDER N.	
		Lexington-Fayette Urban	County Covernment			E SHALL IMPOSE NO OBLIGAT	
		200 East Main Street	County Government			S AGENTS OR REPRESENTA	
		Lexington, KY 40507		AUTHORIZED RED		The state of the s	
						1	
AC	ORD	25 (2001/08) FAX: 859.258	.3322	•		@ACORD C	ORPORATION 1988

## Bureau of Workers' Compensation

Columbus, CH 4886

# Certificate of Premium Payment

This cortilled the employer listed helow has paid into the Ohio State insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted

Period Succiliad Balon

1557677

ANSHICAN SAPETY SUPPACE LLC PO BOX 1111 NEDINA ON 44250 F

09/14/2012 THRU 02/28/2013

The can recode to the constant to the reserved

BLUEG-2

OP ID: RB



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2013

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.

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EMAIL ADDRESS: FAX (AJC, No) 3415 Paoli Pike Floyds Knobs, IN 47119 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Arlington Roe & Co Inc INSURED Bluegrass Rec Products Inc INSURER B : Berkley Risk Administrators Co P O Box 3765 INSURER C: Louisville, KY 40202 INSURER D: 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) BN956308 10/12/2012 10/12/2013 100,000 Α X COMMERCIAL GENERAL LIABILITY Х CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMPIOP AGG \$ POLICY PRO-\$ COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY TORY LIMITS ER YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below В 08/15/2012 08/15/2013 WC131300535402 500,000 E.L. EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE e. 500,000 EL DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Lexington-Fayette Urban County Government is named as Additional Insured on LFUCG Contract. General Liability is primary and includes Products and Completed Operations. 30 day advance written notice via certified mail, return receipt requested in even any policy is canceled or non-renewed. **CERTIFICATE HOLDER** CANCELLATION LEXIN-1 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 Co. Government AUTHORIZED REPRESENTATIVE Division of Risk Management 200 E. Main St. Lexington, KY 40507



DATE (MM/DD/YYYY) 1/4/2013

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.

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l.	, ,	
PRODUCER		CONTACT Alan Schulte
Shepherd Insuran	ce, LLC.	PHONE (A/C, No. Ext): (317) 846-5554 FAX (A/C, No): (317) 846-5444
111 Congressiona	l Boulevard	E-MAIL ADDRESS: aschulte@shepherdins.com
Suite 100		INSURER(S) AFFORDING COVERAGE NAIC #
Carmel	IN 46032	INSURER A CSU Producer Resources, Inc.
INSURED		INSURER B: Selective Ins Co of South 19259
Countryside Play	Structures, LLC	INSURER C:
3535 N County Ro	ead 800 E	INSURER D :
		INSURER E :
Parker City	IN 47368	INSURER F:
COVERAGES	CERTIFICATE NUMBER	2:13-14 Master Cert 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.

	ADDLISUBRI   POLICY EFF   POLICY EXP											
INSR LTR	TYPE OF INSURANCE	AÐDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000			
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000			
Α	CLAIMS-MADE X OCCUR			CSU0018625	5/14/2012	5/14/2013	MED EXP (Any one person)	\$				
							PERSONAL & ADV INJURY	\$	1,000,000			
							GENERAL AGGREGATE	\$	2,000,000			
:	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000			
	X POLICY PRO-							\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	X ANY AUTO			B131300988	1/1/2013	1/1/2014	BODILY INJURY (Per person)	\$				
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$				
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
								\$				
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	2,000,000			
Α	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000			
	DED RETENTIONS	l		CSU0026820	3/23/2012	3/23/2013		\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	500,000			
	(Mandatory in NH)	"'^		B131300989	1/1/2013	1/1/2014	E.L. DISEASE - EA EMPLOYEE	\$	500,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000			
A	Professional Liability			CSU0026821	3/23/2012	3/23/2013	\$1,000,000		Occurence			
							\$3,000,000		Aggregate			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Lexington Fayette Urban County Government is listed as additional insured for general liability and auto liability. Insurance is primary and non-contributory.

30 Days Written Cancellation

CERTIF	ICATE	HOLDER

#### CANCELLATION

AUTHORIZED REPRESENTATIVE

Alan Schulte/DTURNE

Lexington Fayette Urban County Government Dept. of Public Works, Dept. Building Ins 200 E. Main St. Lexington, KY 40507

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

ACORD 25 (2010/05)

INS025 (201005) 01

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DATE (MM/DD/YYYY) 1/4/2013

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	e terms and conditions of the policy ertificate holder in lieu of such endon			endors	ement. A sta	stement on ti	his certificate does not d	onfer	rights to the
PRO	DUCER			CONT/	<sup>CT</sup> Becky	Hiner			
Sh	epherd Insurance, LLC.			PHONE	E (317	) 846-5554 @shepherd	FAX	(317)8	46-5444
11	l Congressional Boulevar	d		E-MAIL	ss.bhiner	eshepherd	ins.com		
Su	ite 100						ROING COVERAGE		NAIC#
Ca	rmel IN 46	032		INSUR			Resources, Inc.		
INSU	RED						Co of South		19259
Co	untryside Play Structure	s, L	TC	INSUR	ER C :				
35	35 N County Road 800 E			INSUR	ER D :				
				INSUR	ERE:				
Pa	rker City IN 47	368		INSUR	ERF:				
			TE NUMBER:13-14 Mas				REVISION NUMBER:		
E:	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERTAI POLICI	MENT, TERM OR CONDITIOI IN, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAV	N OF AN DED BY	IY CONTRAC' THE POLICI REDUCED BY	T OR OTHER ES DESCRIBE Y PAID CLAIM!	DOCUMENT WITH RESPI D HEREIN IS SUBJECT 1	ECT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDLIST INSR W	JBR IVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
-	GENERAL LIABILITY						EACH OCCURRENCE	3	1,000,000
	X COMMERCIAL GENERAL LIABILITY				-		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR		CSU0018625		5/14/2012	5/14/2013	MED EXP (Any one person)	5	
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	5	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG	5	2,000,000
,	X POLICY PRO-				<u></u>		COMPINED CINICIE I WAT	\$	
į	AUTOMOBILE LIABILITY		B131300988		1/1/2013	. /1 /0014	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	X ANY AUTO ALL OWNED SCHEDULED		P131300300		1/1/2013	1/1/2014	BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED				•		BODILY INJURY (Per accident) PROPERTY DAMAGE		
	HIRED AUTOS AUTOS						(Per accident)	5	
	<u> </u>			<del></del>		<u> </u>		\$	
	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE						EACH OCCURRENCE	\$	2,000,000
A	1 Optimo Wide		0.000.000.000		3/23/2012	3/23/2013	AGGREGATE	\$	2,000,000
B	DED RETENTIONS WORKERS COMPENSATION	-	CSU0026820		3/23/2012	3/23/2013	• WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N						^ LTORY LIMITS   ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA	B131300969		1/1/2013	1/1/2014	E.L. EACH ACCIDENT	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		2232300303		, -,	,	E.L. DISEASE - EA EMPLOYEE		100,000
_	· · · · · · · · · · · · · · · · · · ·	-			0.400.4004.0	. (00 (00)	E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Professional Liability		CSU0026821		3/23/2012	3/23/2013	\$1,000,000		Occurence
1							\$3,000,000		Aggregate
Lex Lia	RIPTION OF OPERATIONS/LOCATIONS/VEHICL ington Fayette Urban Count bility. Insurance is prim Days Written Cancellation	y Gov	vernment is listed	as ad	le, if more space ditional	ls required) insured f	For general liabi	lity	and auto
CEF	TIFICATE HOLDER			CANC	ELLATION				
	Lexington Fayette Urba Dept. of Public Works,			SHO THE	ULD ANY OF T	DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL E Y PROVISIONS.		
	200 E. Main St.	neb	c. burrarng ins	AUTHOR	RIZED REPRESE	NTATIVE			
	Lexington, KY 40507								

ACORD 25 (2010/05)

Beary Hime

Becky Hiner/DTURNE



DATE (MM/DD/YYYY) 02/20/13

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). 606-679-6311 CONTACT PRODUCER Reed Brothers Insurance PHONE (A/C, No, Ext): E-MAIL FAX (A/C, No): 606-679-7736 445 S Hwy 27, Suite 201 PO Box 3128 ADDRESS: Somerset, KY 42564-3128 INSURER(S) AFFORDING COVERAGE NAIC# Reed Brothers Insurance INSURER A : Arlington/Roe & Co., Inc. INSURED Kidz Zone Play Systems, Inc. INSURER B : KESA PO Box 987 INSURER C: Somerset, KY 42502 INSURER D : 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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PL443440800 12/01/12 12/01/13 50.000 Α Х COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) Excluded CLAIMS-MADE X OCCUR s MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 5 2,000,000 s GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT \$ X POLICY LOC COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS \$ UMBRELLA LIAB \$ OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY 2,000,000 В WC100-0012042-2012A 06/04/12 06/04/13 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ N/A 2,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 2,000,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Bid # 166-2012 **CERTIFICATE HOLDER** CANCELLATION **LFUCGOV** 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 Div of Central Purchasing **AUTHORIZED REPRESENTATIVE** 200 East Main Street Reed Brothers Insurance Lexington, KY 40507

Client#: 127196 48KIDZZONEPL

ACORD.

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/21/2012

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.

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PRODUCER		CONTACT Jennifer Spence							
J Smith	Lanier Murfreesboro	PHONE (A/C, No, Ext): 615 898-1919 FAX (A/C, No):	615 895-1171						
	Church Street	E-MAIL ADDRESS: jspence@jsmithlanier.com							
Suite A Murfreesboro, TN 37130		INSURER(S) AFFORDING COVERAGE	NAIC #						
		INSURER A: Cincinnati Insurance Co.	10677						
INSURED		INSURER B: Accident Fund Insurance Company	10166						
	Kidz Zone Play Systems-Mid America, LLC	INSURER C: RSUI Indemnity Company	any  10166						
	7822 Manchester Pike	INSURER D :							
	Murfreesboro, TN 37127	INSURER E :							
		INSURER F :							
COVEDA	CCC CEDTIFICATE NUMBER.	DEVICION NUMBER							

					INSURER F :			
CO	VERAGES CER	TIFIC	ATE N	UMBER:			REVISION NUMBER:	
E C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY FOLLUSIONS AND CONDITIONS OF SUCH	QUIRE	MENT. IN, THE	TERM OR CONDITION OF E INSURANCE AFFORDED	ANY CONTRACT OF BY THE POLICIES BEEN REDUCED I	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/OD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	X		53147647		04/15/2013	EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s0
	X BI/PD Ded:5,000						PERSONAL & ADV INJURY	s1,000,000
							GENERAL AGGREGATE	s2,000,000
	GENTL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	s2,000,000
	POLICY PRO- LOC							\$
A	AUTOMOBILE LIABILITY	Х	E	NP0132712	04/15/2012	04/15/2013	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,000,000
l	X ANY AUTO					i	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS		l			ĺ	,	\$
	X HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE (Per accident)	s
L								\$
С	UMBRELLA LIAB X OCCUR	] ]	N	IHA060259	06/20/2012	04/15/2013	EACH OCCURRENCE	s1,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	s
	DED RETENTIONS							5
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X V	VCV6055280	04/15/2012	04/15/2013	X WC STATU- OTH-	[
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	s1,000,000
	(Mandatory in NH)							
	DESCRIPTION OF OPERATIONS below							s1,000,000
Α	Installation	Х	E	NP0132712	04/15/2012	04/15/2013	•	
	Coverage						\$100,000-Temp Stor	_
	Deductible-\$1,000			· · · · · · · · · · · · · · · · · · ·			\$100,000-Loc-Jobsit	ė
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Mach AC	ORD 101, Additional Remarks S	chedula, if more space is	s required)		
CEE	RTIFICATE HOLDER				CANCELLATION			
OF!	ALE INVIETNATION				VISITOLI LINE IN I			
	Insurance Verification				SHOULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAI	NCELLED BEFORE

CERTIFICATE HOLDER	CANCELLATION
Insurance Verification	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
	A House Por
	© 1988-2010 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 3/1/2013

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.

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	***	30030	INSURER F:	
Kalamazoo	MI	49048	MOUDED E.	
			INSURER E :	
431 Lawndale Ave			INSURER D :	
·			INSURER C:	
Landscape Forms,	Tnc			
INSURED			INSURER B: Wausau Business Ins Co	26069
South Bend	IN	46601-0177	INSURER A: Wausau Underwriters Ins Co	26042
PO Box 11177			INSURER(S) AFFORDING COVERAGE	NAIC#
•	re 400		E-MAIL ADDRESS: calkire@gibsonins.com	
130 S Main St, S	+- 400		E-MAIL 0-11- 0-0-11-0-1	
GIBSON			PHONE (800) 814-2122 FAX (A/C, No. Ext): (800)	00) 836-2122
PRODUCER			CONTACT Cheryl Alkire	

COVERAGES CERTIFICATE NUMBER: 3-1-13/14 Full Liab 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.

ENERAL LIABILITY	ADDL INSR	Subr WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)		_	
7			POLICI NUMBER	[(MM/DD/YYYY)	I (MIM/DD/YYYY) I	LIMITS		
X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	5	1,000,000
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500,000
CLAIMS-MADE X OCCUR			TBJZ91458722032	3/1/2013	3/1/2014	MED EXP (Any one person)	s	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	s	2,000,000
EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
POLICY PRO- LOC							\$	
UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	ş	1,000,000
OTUA YNA						BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS			ASJZ91458722022	3/1/2013	3/1/2014	BODILY INJURY (Per accident)	5	
HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
						Uninsured motorist combined	\$	1,000,000
UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	S	10,000,000
DED X RETENTIONS 10,000			TH7Z91458722042	3/1/2013	3/1/2014		\$	
ORKERS COMPENSATION ND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER		
vy proprietor/partner/executive [ ]	NIA	ļ				E.L. EACH ACCIDENT	\$	1,000,000
fandatory in NH)		ı	WCKZ91458722012	3/1/2013	3/1/2014	E L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	1,000,000
		1	·					
	EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO LOC  JECT LOC  AUTOS  AUTOS  AUTOS  AUTOS  JECT LOC  AUTOS  AUTOS  AUTOS  JECT LOC  JECT L	EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC  JITOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS  WANTOS  UMBRELLA LIAB EXCESS LIAB  DED X RETENTIONS  DED X RETENTIONS  DED X RETENTIONS  DED NO PERS' LIABILITY YIN FICERIMEMBER EXCLUDED?  ANY AUTOS  NO PERS' LIABILITY YIN NIA	EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROPOSED LOC  JITOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS  UMBRELLA LIAB EXCESS LIAB  DED X RETENTION S  DED X RETENTION S  DED TO AUTOS  RETENTION S  TO ,000  RETERMEMBER EXCLUDED?  FICER/MEMBER EXCLUDED?  AUTOS  AUTO	CENTINO MADE  NIL AGGREGATE LIMIT APPLIES PER:  POLICY PRO LOC  DTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS  WON-OWNED AUTOS  LOCUR  EXCESS LIAB  CLAIMS-MADE  DED X RETENTION 10,000  TH7Z91458722042  TH7Z91458722042  WCKZ91458722012  WCKZ91458722012  WCKZ91458722012	CENTROLINE LANGUE ACCOUNT OF THE PROPERTY OF T	CENTINO INDEXAGREGATE LIMIT APPLIES PER:  POLICY PRO LOC  DITOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS  WANTOS  AUTOS  AUTO	DED X RETENTIONS  DED X RETENT	PERSONAL & ADV INJURY S  GENERAL AGGREGATE S  PRODUCTS - COMPIOP AGG S  STOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS NON-OVNED AUTOS AUTOS NON-OVNED AUTOS  IMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS DE MACKED STATU- TORY LIMITS ER  EL EACH ACCIDENT S  RECERNATION BELLA LIABLETY  Y/N Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?  ANY AUTOS  AUTOS AU

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project: LFUCG-bid outdoor play equipment #166-2012. Regarding seating systems and outdoor furnishings supplied by the insured. No installation coverage is provided. (material supplier only).

	G Ins Agency/ALKIRE dikton Thicker Sugar Section 1
Lexington-Fayette Urban County Government 200 East Main St. 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
CERTIFICATE HOLDER	CANCELLATION



DATE (MM/DD/YYYY) 2/14/2013

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.

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PRODUCER	CONTACT Cheryl Alkire						
GIBSON	PHONE [A/C, No, Ext): (800) 814-2122 FAX (A/C, No): (800) 8	(800) 836-2122					
130 S Main St, Ste 400	E-MAIL ADDRESS: calkire@gibsonins.com						
PO Box 11177	PRODUCER CUSTOMER ID # 00015896						
South Bend IN 46601-0177	INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURED	INSURER A: Wausau Underwriters Ins Co	26042					
	INSURER B. Wausau Business Ins Co						
Landscape Forms, Inc.	INSURER C:						
431 Lawndale Ave	INSURER D:						
	INSURER E:						
Kalamazoo MI 49048	INSURER F ;						

**COVERAGES CERTIFICATE NUMBER:CL123602782** 

**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)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
A	CLAIMS-MADE X OCCUR			TBJZ91458722032	3/1/2012	3/1/2013	MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO-							\$	
	AUTOMOBILE LIABILITY  X ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
_	— /···///			ASJZ91458722022	3/1/2012	3/1/2013	BODILY INJURY (Per person)	\$	
A	ALL OWNED AUTOS			100 100 1100	3,1,2012	3/1/2013	BODILY INJURY (Per acadent)	\$	
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS						Uninsured motorist combined	\$	1,000,000
							Lessors or Auto Loss Payee if	\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	10,000,000
	DEDUCTIBLE							\$	
В	X RETENTION \$ 10,000			TH7Z91458722042	3/1/2012	3/1/2013		\$	ļ
В	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						X WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE ( T / RI	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	T, A		WCKZ91458722012	3/1/2012	3/1/2013	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		ĺ							

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

Project: LFUCG-bid outdoor play equipment #166-2012. Regarding seating systems and outdoor furnishings supplied by the insured. No installation coverage is provided. (material supplier only).

CE	RT	ובור	HO	_DER

#### CANCELLATION

Lexington-Fayette Urban County Government 200 East Main St. 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

Gibson Ins Agency/AL

Client#: 148307 **26KORKAT** 

#### ACORD...

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/26/2012

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.

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PRODUCER	CONTACT NAME:							
PRODUCER  J Smith Lanier & Co-Carrollton  P. O. Box 507  Carrollton, GA 30112  770 834-4476  INSURED  Lanier Plans, Inc. DBA Korkat  221 Cable Industrial Way  Carrollton, GA 30117	PHONE (A/C, No, Ext): 770 834-4476 FAX (A/C, No): 770 834-9403 E-MAIL ADDRESS:							
,	INSURER(S) AFFORDING COVERAGE	NAIC#						
770 834-4476	INSURER A : Great American E & S Insurance 3	7532						
	INSURER B: Torus Specialty Insurance Compa 4	4776						
•	INSURER C : Association Insurance Company 1	1240						
•	INSURER D : Central Mutual Insurance Compan 2	0230						
Carrollton, GA 30117	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.									
TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
GENERAL LIABILITY		PL238815701	04/15/2012	04/15/2013		s1,000,000			
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000			
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	s <b>5</b> ,000			
X BI Ded:5,000					PERSONAL & ADV INJURY	s1,000,000			
					GENERAL AGGREGATE	s 2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	s 2,000,000			
POLICY PRO- JECT X LOC						\$			
AUTOMOBILE LIABILITY		BAP8894178	04/15/2012	04/15/2013	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000			
X ANY AUTO					BODILY INJURY (Per person)	\$			
AUTOS AUTOS	1					\$			
X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
						\$			
UMBRELLA LIAB X OCCUR		32610A122ALI	04/15/2012	04/15/2013	EACH OCCURRENCE	\$ <b>5,000,000</b>			
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ <b>5,000,000</b>			
DED RETENTIONS						\$			
AND ENDIAVERSI LABILITY		WCV011729701	12/20/2012	12/20/2013	X WC STATU- OTH- TORY LIMITS ER				
	N/A				E.L. EACH ACCIDENT	s1,000,000			
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	s <b>1,000,000</b>			
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s1,000,000			
	TYPE OF INSURANCE  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI Ded:5,000  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO: POLICY PRO: AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  VEXCESS LIAB CLAIMS-MADE  DED RETENTION S  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y NO COUR (Mandatory in NH) If yes describe under	TYPE OF INSURANCE  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI Ded:5,000  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-X LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE  DED RETENTION S  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y N / A  OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI Ded:5,000  GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT X LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X HIRED AUTOS  UMBRELLA LIAB X OCCUR  X EXCESS LIAB CLAIMS-MADE DED RETENTION S  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N HYA GROUPS AND HEADTH AND	TYPE OF INSURANCE ADDL SUBR   POLICY NUMBER   POLICY EFF.   POLICY STATE   POLICY EFF.   POLICY STATE   POLICY NUMBER   POLICY NUMBER   POLICY STATE   POLICY STATE   POLICY STATE   POLICY STATE   POLICY STATE   PROJECT   X LOC    AUTOMOBILE LIABILITY   BAP8894178   O4/15/2012    X ANY AUTO   ALL OWNED   AUTOS   NON-OWNED AUTOS   NON-O	TYPE OF INSURANCE  ADDLSUBR NSR WVD  GENERAL LIABILITY  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X BI Ded:5,000  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- X LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X HIRED AUTOS  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  WORKERS COMPENSATION S  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y  (Mandatory in NH)  If yes describe under	TYPE OF INSURANCE ADDL SUBR NOR WIND POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMIT  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  BI Ded:5,000  CEN'L AGGREGATE LIMIT APPLIES PER POLICY SPR. PRODUCTS - COMP/OP AGG POLICY PRODUCTS - COMP/OP AGG  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X MON-OWNED AUTOS X HIRED AUTOS X MON-OWNED AUTOS X EXCESS LIAB CLAIMS-MADE DED RETENTIONS  WORKERS COMPENSATION WORKERS COMPENSATION WORKERS COMPENSATION ANY ADD EMPLOYERS' LIABILITY X ANY PROPRIETOR PARTMER/EXECUTIVE Y N/A BACK TO MM/D ANY DOTAL PARTMER			

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

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.
	AUTHORIZED REPRESENTATIVE
	1) /2/2000
	@ 4969 2040 ACORD CORDODATION All rights recovered

ACORD.

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/2012

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

certificate holder in lieu of such endors			dorsement. A state	ment on this	certificate does not cor	nfer rig	hts to the
PRODUCER	<del>/</del>	· · · · · · · · · · · · · · · · · · ·	CONTACT NAME:				
J Smith Lanier & Co-Carrollton			PHONE (A/C, No, Ext): 770 8:	34-4476	FAX (A/C, No):	770 8	34-9403
P. O. Box 507			E-MAIL ADDRESS:		TAX TOTAL		
Carrollton, GA 30112			ADDITED,	INSURER/S) A	FFORDING COVERAGE		NAIC#
770 834-4476			INSURER A : Great /				37532
INSURED					surance Compa		44776
Lanier Plans, Inc. DBA Ko	rkat		INSURER C : ASSOCI				11240
221 Cable Industrial Way		·			surance Compan		20230
Carroliton, GA 30117			INSURER E :	•			
			INSURER F :				
COVERAGES CER	TIFICATI	E NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES							
INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY P	QUIREMEI FRTAIN	NT, TERM OR CONDITION OF	FANY CONTRACTO	R OTHER DO	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WH	ICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES	s. Limits shown may hav	'E BEEN REDUCED	BY PAID CLAI	IMS.	TCL	_ ILIUWO,
INSR LTR TYPE OF INSURANCE	ADDLISUB INSR WVE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/OD/YYYY)	LIMIT	5	
A GENERAL LIABILITY		PL238815701				s1,00	0,000
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s300,	000
CLAIMS-MADE X OCCUR						s5,00	0
X BI Ded:5,000					PERSONAL & ADV INJURY	s1,00	0,000
					GENERAL AGGREGATE	\$2,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	s2,00	0,000

POLICY PRO X LOC 04/15/2012 04/15/2013 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY D BAP8894178 s1,000,000 ANY AUTO BODILY INJURY (Per person) S ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) X HIRED AUTOS Х В UMBRELLA LIAB 04/15/2012 04/15/2013 EACH OCCURRENCE OCCUR 32610A111AL s2,000,000 EXCESS LIAB CLAIMS-MADE AGGREGATE \$2,000,000 RETENTION \$ nen WORKERS COMPENSATION 12/20/2011 12/20/2012 X WC STATU-WCV011729700 AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? \$1,000,000 E.L. EACH ACCIDENT (Mandalory in NH) E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER** CANCELLATION For Insurance Information only

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

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DATE(MM/DD/YYYY) 02/12/2013

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).

PRODUCER Aon Risk Services Central,	T	CONTACT NAME:			-
St. Louis MO Office	THE.	PHONE (A/C, No. Ext):	(866) 283-7122	FAX (A/C. No.): (847) 9	53-5390
8182 Maryland Avenue St Louis MO 63105 USA		E-MAIL ADDRESS:			
			COVERAGE	NAIC#	
INSURED	- 10	INSURER A:	Liberty Insurance Corporation		42404
NSURED PlayPower, Inc. 78 E. US Highway 60 MIVALL Paer. Jonett MO 65708 USA	vall face.	INSURER B:	Ins Co	23035	
Monett MO 65708 USA	•	INSURER C:	Commerce & Industry	Ins Co	19410
		INSURER D:			
		INSURER E:			
		INSURER F:			
COVEDAGES	CEDTIEICATE NUMBER: 5700400440	72	DEMIC	ON MUSIDED.	

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.

Limits shown are as requeste

SR TR	USIONS AND CONDITIONS OF SUCH	ADDUST INSR W				POLICY EXP (MM/DD/YYYY)	UIS. Limits sh	own are as requested
	ENERAL LIABILITY	INSR W	E82641004540022	WIDER (	MM/DD/YYYY)   1970172012	(MM/DD/YYYY) 09/01/2013	EACH OCCURRENCE	\$1,000,000
X	¬		SIR applies per				DAMAGE TO RENTED	\$1,000,000
<u> </u>	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	
$\vdash$	1						PERSONAL & ADV INJURY	\$1,000,000
$\vdash$				İ			GENERAL AGGREGATE	\$5,000,000
GE	IEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$5,000,000
۳	POLICY X PRO- X LOC						SIR/Deductible	\$500,000
AL	JTOMOBILE LIABILITY		AS2-641-004540-	052 0	9/01/2012	09/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
<del> </del>	T ANY AUTO						BODILY INJURY ( Per person)	
Ë	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	
×	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
×	UMBRELLA LIAB X OCCUR		BE3298620	0	9/01/2012	09/01/2013	EACH OCCURRENCE	\$25,000,000
	EXCESS LIAB CLAIMS-MADE		Umbrella SIR applies per	nolicy tone	. e candid	ione	AGGREGATE	\$25,000,000
	DED X RETENTION \$10,000		Sik applies per	portey terms	S & CONTUIT	10115		
	ORKERS COMPENSATION AND		WA764D004540122	0	9/01/2012	09/01/2013	X WC STATU- OTH-	
I AI	MPLOYERS' LIABILITY NY PROPRIETOR / PARTNER / EXECUTIVE N						E.L. EACH ACCIDENT	\$1,000,000
I (N	Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
ir i	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
3 Pl /ern  f-I	TION OF OPERATIONS / LOCATIONS / VEHICL ayground Equipment & Install ment is additional insured fo nsured retention of \$500,000. ntributory. Waiver of Subrog	for Le r Gene Exce	xington-Fayette Ur ral Liability. Th ss of the Self-Ins	rban Co. Gover ne \$1,000,000 sured retentio	rnment in General L on. the Ge	Lexington iability (	Coverage limít applíe pility policy will be	s excess of a ´
RTII	FICATE HOLDER				Y OF THE A		BED POLICIES BE CANCELLI LL BE DELIVERED IN ACCORI	
	Lexington-Fayette Urban Coun Government Att: Theresa Maynard - Div. 200 East Main Street Lexington KY 40507 USA	•	sk Man	AUTHORIZED REP			vices Central S	

CERTIFICAT	E HOLDER
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#### CANCELLATION



DATE (MM/DD/YYYY) 01/04/2013

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)

	ertificate holder in lieu of such endor	seme	nt(s)		1"=>-					
PRO	DUCER Marsh USA, Inc.				CONTA NAME:			, , , , , , , , , , , , , , , , , , ,		
	Two Alliance Center				PHONE (A/C, N	o, Ext):		FAX (A/C, No):		
	3560 Lenox Road, Suite 2400 Alfanta, GA 30326				E-MAIL ADDRE	SS:				
İ	Attn: Atlanta, CertRequest@marsh.com / Fax: 1	212-94	8-4321			EN:	SURER(S) AFFOR	RDING COVERAGE		NAIC#
4571	02-Cas-GAUWX-12-13				INSURE		Casualty Compan			31127
INSU					INSURE	Re: Transport	ation Insurance Co			20494
	Play & Park Structures 401 Chestnut Street, Suite 310				INSURE	Rc: Axis Surpl	us Insurance Com	pany		26620
	Chattanooga, TN 37402						Casualty Compan			20427
							Inion Fire Ins Co F			19445
					INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER:		-003141624-01		REVISION NUMBER: 4	<u> </u>	
	HIS IS TO CERTIFY THAT THE POLICIES								POLI	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPECT	r to v	MHICH THIS
Ct F>	ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN, CIES	THE INSURANCE AFFORDS	ED BY	THE POLICIE	S DESCRIBED	HEREIN IS SUBJECT TO	ALL T	HE TERMS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DCE(1)	POLICY EFF (MM/DD/YYYY)		LUTTO		
LTR A	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER 5086688042		08/01/2012	(MM/DD/YYYY) 08/01/2013	LIMITS		1,000,000
^ }	`v			00000012		UCKUHZUTZ	VOI/U 1/2U 1/3	EACH OCCURRENCE S DAMAGE TO RENTED	-	250,000
	TV							DAMAGE TO RENTED PREMISES (Ea occurrence)  S		EXCLUDED
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) S		
]	X SIR \$250,000 Per Occ.				ĺ			PERSONAL & ADV INJURY \$		1,000,000
								GENERAL AGGREGATE \$		3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG   S		3,000,000
	POLICY X PRO- JECT LOC							\$		
В	AUTOMOBILE LIABILITY			BUA 2098343798		08/01/2012	08/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$		1,000,000
	X ANY AUTO				-			BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE \$ (Per accident)		
								Comp./Coll. Ded.: \$1,000 s		
С	UMBRELLA LIAB X OCCUR			EAU768818012012		08/01/2012	08/01/2013	EACH OCCURRENCE \$		1,000,000
ľ	X EXCESS LIAB CLAIMS-MADE				Ī			AGGREGATE \$		1,000,000
ı	DED RETENTIONS	i	İ					S		
D	WORKERS COMPENSATION			WC298343753 (AOS)		08/01/2012	08/01/2013	X WC STATU- OTH-		
0	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WC 2 98343834 (CA)		08/01/2012	08/01/2013	E.L. EACH ACCIDENT S		1,000,000
в	OFFICER/MEMBER EXCLUDED? N   Nandatory in NH)	N/A		WC 2 98343879 (WI)		08/01/2012	00040040			1,000,000
-	If yes, describe under DESCRIPTION OF OPERATIONS below		İ	,			<u> </u>	E.L. DISEASE - EA EMPLOYEE \$		1,000,000
- 1	DESCRIPTION OF OPERATIONS below Umbrelia			017066285		00040040		E.L. DISEASE - POLICY LIMIT   S		
E	Oluciens		Ì	817000280	l	08/01/2012	08/01/2013	Each Occurrence:		\$25,000,000
-				SIR: \$10,000				Aggregate:		\$25,000,000
<u>[</u>					1					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ttach A	CORD 101, Additional Remarks S	ichedule,	If more space is	required)			İ
										1
										ľ
CER	TIFICATE HOLDER				CANC	ELLATION				
					<del></del>					
	LFUCG 200 East Main Street							SCRIBED POLICIES BE CAN		
	Lexington, KY 40507			i				REOF, NOTICE WILL BE	DELI	VERED IN
	gang				~00t	ZINDANIVE TVI	IIIL FULIUI	CATORIOIO.		ľ
				F	AUTHOR	IZED REPRESE	NTATIVE			
				i i		USA Inc.				
					Manash	i Mukherjee	_3	Manaohi Mulch	بالمد	يد ا
								RD CORPORATION. All		



DATE (MM/DD/YYYY) 03/14/2013

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.

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tn _ce	e terms and conditions of the policy, ertificate holder in lieu of such endors	ement(	s).	LOONYAGY					
PRODUCER 1-920-922-4260 Arthur J. Gallagher Risk Management Services, Inc.				CONTACT Wanda Karpathian					
Art	hur J. Gallagner Risk Managem	PHONE FAX (A/C, No): 920-266-4080 FAX (A/C, No): 920-922-0558							
101 Camelot Drive, Suite 2C				E-MAIL ADDRESS:					
Terr	d do 120 WT 5/035		a .b.			DING COVERAGE		NAIC#	
Fond du Lac, WI 54935 Matt Spaude				INSURER A: WAUSAU UNDERWRITERS INS CO				26042	
Fond du Lac, WI 54935 Matt Spaude  INSURED BCI Burke Company LLC  PO Box 549 660 Van Dyne Road				INSURER B:					
BCI Burke Company LLC				INSURER C:					
V/0~				INSURER D:					
	Box 549 ( ) Van Dyne Road								
Fon	d du lac, WI 54936-0549			INSURER E:					
	/EDAGES CED	TIFICA	TE NUMBER: 32484308	INSURER F:		REVISION NUM	MBER:		
-	SO TO PROTESY THAT THE DOLLOISE	OF INC	IDANCE LISTED BELOW HA	VE BEEN ISSUED TO	THE INSURE	D NAMED ABOV	E FOR THE P	OLICY PERIOD	
IN	11S IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIREN	MENT, TERM OR CONDITION  THE INSURANCE AFFORD	LOF ANY CONTRACT DED BY THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH D HEREIN IS SU	H KESPEUL L	O MALICH FUIS	
INSR		ADDL SU	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
LTR	TYPE OF INSURANCE	INSR W	/D POLICY NUMBER YVJZ91509068043	01/01/13		EACH OCCURREN		,000,000	
A	GENERAL LIABILITY			02,02,10		DAMAGE TO RENT	ED 3	00,000	
	COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occ	anenge, .	,000	
	CLAIMS-MADE X OCCUR					MED EXP (Any one		,000,000	
						PERSONAL & ADV	2	,000,000	
						GENERAL AGGREC			
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM		,000,000	
	X POLICY PRO- JECT LOC		70 7701 5000 5000	01/01/13	01/01/14	COMBINED SINGLE	\$ I IMIT		
A	AUTOMOBILE LIABILITY		ASJZ91509068013	01/01/13	31/01/14	(Ea accident)	\$ 1	,000,000	
	X ANY AUTO					BODILY INJURY (Pe		······	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Po			
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMA( (Per accident)			
							\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENT	CE \$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DED RETENTION\$						\$		
A	WORKERS COMPENSATION	$\dashv$	WCJZ91509068023	01/01/13	01/01/14	X WC STATU- TORY LIMITS	OTH- ER		
A.	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	EMPLOYERS' LIABILITY Y/N		02/02/13		E.L. EACH ACCIDENT \$ 500,000			
	OFFICER/MEMBER EXCLUDED? N	N/A				E.L. DISEASE - EA I			
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - POL		00,000	
	DÉSCRIPTION OF OPERATIONS below	<del>-  -</del>				E.L. DISEASE - POL	TO CHAILL 1 2 O.	<b>:</b>	
		F0 /1::	1. 4.000D 404 3.300	S-b-dut- it					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (Attac	h ACORD 101, Additional Remarks	Schedule, if more space is	required)				
CER	TIFICATE HOLDER			CANCELLATION			***************************************		
<u></u>	The state of the s								
LEXINGTON URBAN COUNTY GOVERNMENT THE				SHOULD ANY OF T					
				THE EXPIRATION			WILL BE	DELIVERED IN	
				ACCORDANCE WIT	IH THE POLIC	Y PROVISIONS.			
200 EAST MAIN STREET									
AA TRANS ATTENT				AUTHORIZED REPRESEN		n A sto			
EXINGTON, KY 40507				paid R. Master					
	ł	/							



DATE (MM/DD/YYYY) 01/31/2012

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, 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 Ileu of such endorsement(s).

PRODUCER 1-920-922-4260	CONTACT Wanda Karpathian					
Arthur J. Gallagher Risk Management Services, Inc.	PHONE [AVC, No. Ext]: 920-265-4080 FAX (AVC, No): 920-922-0558					
101 Camelot Drive, Suite 2C	E-MAIL ADDRESS:					
Fond du Lac, WI 54935	INSURER(S) AFFORDING COVERAGE	NAIC#				
Mike Spaude		26042				
INSURED (		16691				
BCI Burke Company LLC Planscaye	INSURER C:					
PO Box 549	INSURER D:					
660 Van Dyne Road	INSURER E :					
Fond du lac, WI 54936-0549	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 2539	9936 REVISION NUMBER:					
	OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC					
	DITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W FFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI					
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY	Y HAVE BEEN REDUCED BY PAID CLAIMS.	IC ILMINO,				
INSR TYPE OF INSURANCE ADDL SUBR INSR WVD POLICY NUM	MBER POLICY EFF POLICY EXP LIMITS					
A GENERAL LIABILITY TZJZ9150906806	2 01/01/12 01/01/13 EACH OCCURRENCE \$ 1,000	0,000				
X COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED \$ 300,	000				
CLAIMS-MADE X OCCUR	MED EXP (Any one person) \$ 5,000	0				
	PERSONAL & ADV INJURY \$ 1,000	0,000				
	GENERAL AGGREGATE \$ 2,00	0,000				
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$ 2,000	0,000				
X POLICY PRO- JECT LOC	\$					
A AUTOMOBILE LIABILITY ASJZ9150906801:	2 01/01/12 01/01/13 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000	0,000				
X ANY AUTO	BODILY INJURY (Per person) \$					
ALL OWNED SCHEDULED AUTOS AUTOS	BODILY INJURY (Per accident) \$					
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DED X RETENTIONS 10,000	\$					
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(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$ 500,0	000				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Re	emarks Schedule, if more space is required)					
CERTIFICATE HOLDER	CANCELLATION					

SAMPLE CERTIFICATE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

VAN DYNE RD

FOND DU LAC, WI 54937

USA

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

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DATE (MM/DD/YYYY) 03/05/2013

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).

PRODUCER	1-920-922-4260	CONTACT Wand Franchis						
Arthur J. Gallagher Risk Management		NAME: Wanda Kaipatnian						
101 Camelot Drive, Suite 2C		PHONE (A/C, No, Ext): (920) 266-4080 FAX (A/C, No): (920) 922-0558 E-MAIL ADDRESS:						
Total du Total SIT EAGGE		INSURER(S) AFFORDING COVERAGE NAIC #						
Fond du Lac, WI 54935 Michael Spaude		INSURER A: WAUSAU UNDERWRITERS INS CO 26042						
INSURED		INSURER B:						
BCI Burke Company LLC		INSURER C:						
PO Box 549								
660 Van Dyne Road		INSURER D:						
Fond du lac, WI 54936-0549		INSURER E:						
COVERAGES CERTIFI	ICATE NUMBER: 32336274	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF								
INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POL	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORD	OF ANY CONTRACT OR OTHER DO ED BY THE POLICIES DESCRIBED	OCUMENT WITH RESPECT TO WHICH THIS					
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			PERSONAL & ADV INJURY \$					
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AUTOS AUTOS NON-OWNED		1 1	PROPERTY DAMAGE \$					
HIRED AUTOS AUTOS			Per accident)					
			\$					
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EXCESS LIAB CLAIMS-MADE		<u> </u>	AGGREGATE \$					
DED RETENTION\$			WC STATU- OTH-					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N			TORY LIMITS   LER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	.]	]	E.L. EACH ACCIDENT \$					
(Mandatory In NH) If yes, describe under		<del>  -</del>	E.L. DISEASE - EA EMPLOYEE \$					
DESCRIPTION OF OPERATIONS below		E	L DISEASE - POLICY LIMIT   \$					
		1						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) PLAYSCAPE DESIGN GROUP, 73 CAVALIER BLVD SUITE #103, FLORENCE KY 41005 IS INCLUDED AS AN ADDITIONAL INSURED - VENDOR								
			į					
CERTIFICATE HOLDER		CANCELLATION	142.					
LEXINGTON URBAN COUNTY GOVERNMENT	SCRIBED POLICIES BE CANCELLED BEFORE EOF, NOTICE WILL BE DELIVERED IN							
TINITION OF THE COURT CONTRACTOR		ACCORDANCE WITH THE POLICY PROVISIONS.						
200 EAST MAIN STREET	İ	AUTHORIZED REPRESENTATIVE						
LEXINGTON, KY 40507	USA	Devil R. Whaten						
İ	- CM2	1						



KMY R001

DATE (MM/DD/YYYY) 01-03-2013

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIONIS 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). BB&T INSURANCE SERVICES INC/PHS PHONE (A/C, No, Ext.): (866)467-8730 E-MAIL FAX (A/C, No): (877)538-5295 641140 P:(866)467-8730 F:(877)538-5295 ADDRESS: PO BOX 29611 INSURER(S) AFFORDING COVERAGE NAIC# CHARLOTTE SC 28229 INSURER A: Sentinel Ins Co LTD INSURED INSURER 8: Hartford Accident & Indemnity Co INSURER C RECREATION INSITES INSURER D : 12237 WESTMORLAND DR INSLIRER E : FISHERS IN 46037 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LVSA LTR TYPE OF INSURANCE POLICY NUMBER NSR WVD GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 s 1,000,000 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR 10,000 MED EXP (Any one person) Α |X| Х General Liab 42 SBM PF3041 11/20/2012 11/20/2013 1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \* Excluded PRODUCTS - COMP/OP AGG X LOC POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) **BODILY INJURY (Per person)** ANY AUTO X**BODILY INJURY (Per accident)** A ALL OWNED SCHEDULED 42 SBM PP3041 11/20/2012 11/20/2013 AUTO5 AUTOS NON-OWNED PROPERTY DAMAGE Х HIRED AUTOS (Per accident) AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE **AGGREGATE** DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X WC STATU-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mendetory in NH) \$ 500,000 E.L. EACH ACCIDENT 42 WEC CL3966 11/20/2012 11/20/2013 \$ 500,000 E.L. DISEASE - EA EMPLOYEI If yes, describe under DESCRIPTION OF OPERATIONS below 4 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy. CERTIFICATE HOLDER CANCELLATION

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.

AUTHORIZED REPRESENTATIVE

LEXINGTON, KY 40507

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.

AUTHORIZED REPRESENTATIVE

TAR. TARLET.

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To whom it may concern

Denmark 23 March 2012

#### Certificate of Insurance

This is to certify that the below insured has a General Liability & Products Liability Insurance as follows:

Master Policy number : DKCAIA 00060

Policyholder : Kompan Holding A/S

C. F. Tietgens Boulevard 32C

5220 Odense SØ

Additional Insured : Kompan Holding A/S owned companies according to the Master

Policy.

Limit : USD 21.539.614 or equivalent to DKK 115.000.000 per occurrence

and in the aggregate for bodily injury and property damage.

Period of Insurance : April 1st. 2012 to March 31st. 2013 - both days inclusive.

Geographical Scope : World wide incl. USA/Canada

Terms and Conditions : General & Products Liability – EA 2008:1 – occurrence.

This certificate is issued as a matter of information only and confers no rights to the holder other than those provided by the policy.

This Certificate of Insurance neither affirmatively nor negatively amends, extends nor alters the coverage afforded by the policy, which will be binding in all cases.

ACE European Group, Denmark –
branch of ACE European Group UK Limited,
One of the ACE Group of Insurance & Reinsurance Companies
Sankt Annæ Plads 13, 2. sal, 1250 Copenhagen K.
CVR Number 27385931

			CATE OF LIABI	LITY INS	SURANC	E		M/DD/YYY) 3/2013								
PRODUCER (937) 746-2828				THIS CERT	THIS CERTIFICATE IS ISSUED AS A MATTE ONLY AND CONFERS NO RIGHTS UPON HOLDER. THIS CERTIFICATE DOES NOT A											
MEARS INSURANCE 313 S. MAIN STREET				HOLDER. ALTER TH	THIS CERTIFICA E COVERAGE AL	ATE DOES NOT PERFORDED BY THE	MEND, EXTI POLICIES BE	END OR LOW.								
FRANKLIN OH 45005~					FFORDING COV	NAIC#										
David Williams and Associates				INSURER A: CE	NTRAL INSUR											
PO Box 3315				INSURER C:		· · · · · · · · · · · · · · · · · · ·										
				INSURER D:			<u> </u>									
	lia	rce oh 4/ ages	4601-	INBURER E:												
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NSI LTI	ADD NSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (HM/DD/YY)		LIMITS									
A	X	GENERAL LIABILITY	· · · · · · · · · · · · · · · · · · ·	11	77	EACH OCCURRENCE	8 1,	,000,000								
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		GARAGE LIABILITY				AUTO ONLY - EA ACCIDE	NT 0									
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١.	WORKERS COMPENSATION AND CILP 7897895		04/01/2012	04/01/2013		ODT:										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDEO? OR STOP GAP				E.L. EACH ACCIDENT		000,000									
	If yes, SPEC	describe under IAL PROVISIONS below		' '	' ' <b> </b>	E.L. DISEASE - EA EMPLO E.L. DISEASE - POLICY LI		000,000 000,000								
	OTHE	R		11	11	K.C DICERCE 1 OUG 1 CA	m: 16 -1.									
				//	11											
				11	1 1											
E <b>S</b> C	RIPTIC	n of operations/locations/vehicle	is/exclusions added by endorsement	/SPECIAL PROVISION	NS											
ER	TIFIC	ATE HOLDER		CANCELLATIC	ON											
77 1 11-1-17			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO BO SO SHALL IMPOSENCE OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, I'S AGENTS OR REPRESENTATIVES.													
								_			KY 40507-		-Milyel	20 L.		
										6 (2001/08) 25 (0108),05	ELECTRONIC LASER FO	RM3, INC (600)3274	WWW]	ACOR	D CORPORAT	TION 1988 Page 1 of 2



30 W. Spring St. Columbus, OH 43215

#### **Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

792268

07/01/2012 THRU 02/28/2013

WALTER SCHUNK EXCAVATING & TRUCK

PO BOX 56

MI AMI TOWN OH 45041-0056

ohiobwc.com

You can reproduce this certificate as needed.



30 W. Spring St. Columbus, OH 43215

#### **Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

991478

**ALLIANCE** OH

01/01/2013 THRU 08/31/2013

DAVID WILLIAMS & ASSOCIATES INC P.O. BOX 3315

ohiobwc.com

You can reproduce this certificate as needed.

### Ohio Bureau of Workers' Compensation Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.