Client#: 1197538 64ALPHAMEC1

## $oldsymbol{ACORD}_{\!\scriptscriptstyle oldsymbol{ iny}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/18/2015

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).

PRODUCER	CONTACT NAME:				
BB&T Insurance Services, Inc.	PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No): 866 8	6 881-2185			
2600 Eastpoint Parkway (40223) P O Box 436869 Louisville, KY 40253	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Zurich American Insurance Compa	16535			
Alpha Mechanical Service Inc d/b/a Alpha Energy Solutions 7200 Distribution Drive Louisville, KY 40258	INSURER B: Continental Casualty Company	20443			
	INSURER C:				
	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.

TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY		0380742	•		EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
CLAIMS-MADE X OCCUR					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
POLICY X PRO- JECT LOC						\$
AUTOMOBILE LIABILITY		0380743	07/01/2015	07/01/2016	(Ea accident)	\$1,000,000
X ANY AUTO					BODILY INJURY (Per person)	\$
AUTOS AUTOS					,	\$
X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
						\$
X UMBRELLA LIAB X OCCUR		6012213608	07/01/2015	07/01/2016	EACH OCCURRENCE	\$6,000,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$6,000,000
DED X RETENTION \$0						\$
AND EMPLOYEDELLIABILITY		0380741	07/01/2015	07/01/2016	X WC STATU- TORY LIMITS OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
Inst Floater		5088277303	07/01/2015	07/01/2016	\$360,000 Limit	
Leased/Rented		5088277303	07/01/2015	07/01/2016	\$200,000 Limit	
Equipment					\$1,000 Deductible	
	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X PRO- AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Inst Floater Leased/Rented	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PROJECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO  ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  X HIRED AUTOS X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE N  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  Inst Floater  Leased/Rented	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE NOFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Inst Floater Leased/Rented  OCCUR  6012213608  6012213608  7/N N/A  0380741	GENERAL LIABILITY	SCHEDULED   AUTOS   AUTOS	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CENTLA AGGREGATE LIMIT APPLIES PER:  POLICY X PROPLICY X PROPULTY  ALTOMOBILE LIABILITY  X ANY AUTO  ALL OWNED AUTOS  AUTOS  X HIRED AUTOS  X MONO-OWNED AUTOS AUT

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

CERTIFICATE HOLDER	CANCELLATION
LFUCG 200 E. Main 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.
<b>,</b>	AUTHORIZED REPRESENTATIVE
	MXBHU_

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