

## CERTIFICATE OF LIABILITY INSURANCE

DCTOU-1 OP ID: GJ

DATE (MM/DD/YYYY) 03/27/2015

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

C	ertifi	erms and conditions of the policy icate holder in lieu of such endor	•								JIII 01	- Iginto to tho	
	DUCE V Hi	R ines & Assoc. Ins.				CONTACT John Andrew Heim							
6100	) Du	tchmans Lane 10th Floor				PHONE (A/C, No, Ext): 502-893-2020 FAX (A/C, No): 502-8					197-1533		
		( 7669 Ile, KY 40257-0669				E-MAIL ADDRE	SS:						
		ndrew Heim				INSURER(S) AFFORDING COVERAGE					NAIC #		
						INSURER A : K E S A Workers Comp SIF							
INSU	RED	DC Tours LLC				INSURER B : Liberty Mutual Insurance							
		11117 Decimal Drive Louisville, KY 40299				INSURER C:							
		Louisville, ICI 40200				INSURE	RD:						
						INSURE	RE:						
						INSURE	RF:						
CO	VER	RAGES CEI	RTIFI	CAT	NUMBER:				REVISION NU	JMBER:			
IN	DICA	IS TO CERTIFY THAT THE POLICIE: ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY	EQUII	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WI	TH RESPEC	OT TO	WHICH THIS	
		JSIONS AND CONDITIONS OF SUCH				BEEN I							
INSR LTR		TYPE OF INSURANCE	INSD	SUBF	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	8		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRE		\$		
		CLAIMS-MADE OCCUR							DAMAGE TO REN PREMISES (Ea oc	(IED (currence)	\$		
									MED EXP (Any on	e person)	\$		
									PERSONAL & AD	V INJURY	\$		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	EGATE	\$		
		POLICY PRO- LOC							PRODUCTS - CO	MP/OP AGG	\$		
		OTHER:									\$		
	АИТ	TOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$		
		ANY AUTO							BODILY INJURY (	Per person)	\$		
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (	I	\$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAM (Per accident)	AGE	\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$									\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
Α		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A	w	WC1000011228-2014A		07/10/2014	07/10/2015	E.L. EACH ACCID	ENT	\$	2,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - E.	A EMPLOYEE	\$	2,000,000	
									E.L. DISEASE - P	OLICY LIMIT	\$	2,000,000	
В	Pro	perty Section			CP8259203		03/01/2015	03/01/2016					
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORE	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
CERTIFICATE HOLDER							CANCELLATION						
Lexington-Fayette Urban County Government							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						
		200 E. Main St. Lexington, KY 40507				John A. H.							



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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)

		rms and conditions of the policy, cate holder in lieu of such endors				ndorsement. A sta	atement on th	nis certificate does not confer i	ights to the		
PRODUCER Kiely, Hines & Assoc. Ins. 6100 Dutchmans Lane 10th Floor						CONTACT John Andrew Heim					
						PHONE (A/C, No, Ext): 502-8	97-1533				
IP O	Box	7669				E-MAIL ADDRESS:					
Lou Joh	isvil n An	le, KY 40257-0669 drew Heim				IN	NAIC #				
•	,	arow riomi				INSURER A : K E S					
INSURED DC Tours LLC 11117 Decimal Drive Louisville, KY 40299						INSURER B : Liberty					
						INSURER C :					
						INSURER D :					
						INSURER E :					
						INSURER F :					
СО	VER	AGES CER	TIFI	CATE	NUMBER:			REVISION NUMBER:	•		
		S TO CERTIFY THAT THE POLICIES									
C	IDIC/ FRTI	ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY	QUIF	REME Faini	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESPECT TO	WHICH THIS		
		ISIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	' PAID CLAIMS		THE TERMO,		
INSR LTR		TYPE OF INSURANCE		SUBF WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$			
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$			
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG \$			
		OTHER:						\$			
	АUТ	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
		ANY AUTO						BODILY INJURY (Per person) \$			
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$			
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$			
								\$			
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$			
		DED RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							X PER OTH- STATUTE ER			
Α				WC1000011228-2014A	07/10/2014	07/10/2015	E.L. EACH ACCIDENT \$	2,000,000			
								E.L. DISEASE - EA EMPLOYEE \$	2,000,000		
								E.L. DISEASE - POLICY LIMIT \$	2,000,000		
В	Pro	perty Section			CP8259203	03/01/2015	03/01/2016				
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ACORE	) 101, Additional Remarks Schedu	le, may be attached if mo	ore space is requir	red)			
		**************************************				OANGEL LESS:					
CERTIFICATE HOLDER						CANCELLATION	<u> </u>				
TOWHO01						SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCEL	LED BEFORE		
						THE EXPIRATION	N DATE TH	EREOF, NOTICE WILL BE DE			
		To Who It May Concern				ACCORDANCE WITH THE POLICY PROVISIONS.					
		-				AUTHORIZED REPRES	ENTATIVE	NTATIVE			
						ACTIONIZED REPRESENTATIVE					