

CERTIFICATE OF LIABILITY INSURANCE

B/12/2020

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 have ADDITIONAL INSURED provisions or 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:		
NFP Property & Casualty Services, Inc.			PHONE (A/C, No, Ext): (301) 581-7300	214-7001	
6500 Rock Spring Drive Suite 500 Bethesda, MD 20817		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE		NAIC#	
			INSURER A: Zurich American Insurance Company		16535
INSURED	Dramier Staffing Sou	urce, Inc. Premier Staffing Source, Inc.	INSURER B : American Guarantee and Liability Insurance Company		26247
	dba Texas Premier Staffing		INSURER C : QBE Insurance Corporation	ation	39217
	4640 Forbes Boulev		INSURER D :		
	Suite 200 Lanham. MD 20706		INSURER E :		
	Lamiam, MD 20700		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		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		PRA 5908729-07	8/12/2020	8/12/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	Х		PRA 5908729-07	8/12/2020	8/12/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
		EXCESS LIAB CLAIMS-MADE			UMB 5499600-07	8/12/2020	8/12/2021	AGGREGATE	\$	4,000,000
		DED RETENTION \$							\$	
С	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							X PER OTH- STATUTE ER		
			N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8/8/2020 8/8/2021	8/8/2021	E.L. EACH ACCIDENT	\$	1,000,000
			III / A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	fessional			PRA 5908729-07	8/12/2020	8/12/2021	Claim \$1M/ Aggregate		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lexington-Fayette Urban County Government (LFUCG)is and Additional Insured under General Liability & Automobile Liability as their interest may appear

written contract or agreement. Coverage is deemed Primary and Non- Contributory.30 Day Notice of Cancellation in favor of Certificate Holder.

Certificate Holder Note:

Complete Certificate Holder: Lexington-Fayette Urban County Government (LFUCG) SEE ATTACHED ACORD 101

CERTIFICATE HOLDER CANCELLATION

Lexington-Fayette Urban County Government (LFUCG) ITB 67-2017 200 E 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



AGENCY CUSTOMER ID: PREMSTA-02 CASSANDRACURINGTON

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY NFP Property & Casualty Services, Inc. POLICY NUMBER SEE PAGE 1	NAMED INSURED Premier Staffing Source, Inc. Premier Staffing Source, Inc. dba Texas Premier Staffing 4640 Forbes Boulevard Suite 200 Lanham, MD 20706			
CARRIER	NAIC CODE			
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER: ACOR	P 25 FORM TITLE: Certificate of Liability Insurance			
Description of Operat ITB 67-2017 Division of Central Pu 200 E Main St, Lexing	· · · · · · · · · · · · · · · · · · ·			