ACORD CERTIFICATE OF LIABILI					LITY INS	TY INSURANCE				
PRO	DUCE	₹					UED AS A MATTER			
		c Services, In			HOLDER.	THIS CERTIFICA	O RIGHTS UPON T ATE DOES NOT AME	END, EXTEND OR		
791	7 Old	d Third Street	Road		ALTER TH	E COVERAGE A	AFFORDED BY THE F	POLICIES BELOW.		
Loı	iisvill	le KY 40214				INSURERS AFFORDING COVERAGE				
INSL	IRED		TRANSPORTATIO	*	INSURER A: PF	INSURER A: PROTECTIVE INS CO				
				ON BUS SERVICE, INC .	INSURER B:	INSURER B:				
			IRD STREET ROA	D	INSURER C:	INSURER C:				
		LOUISVI	ILLE, KY 40214			INSURER D:				
~~	VED	AGES			INSURER E:					
TI A M	HE PONY RE	DLICIES OF INS EQUIREMENT, T ERTAIN, THE IN	TERM OR CONDITIO ISURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H	DOCUMENT WITH	RESPECT TO WI	HICH THIS CERTIFICATE	MAY BE ISSUED OR		
NSR	ADD'L	[· · · · · · · · · · · · · · · · · · ·		HAVE BEEN REDUCED BY PAID CLAIR	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)				
LTR	INSRD	!	FINSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)		<u> </u>		
^	;	GENERAL LIABI		TD000043	09/27/2012	09/27/2013	DAMAGE TO RENTED	s 5,000,000 s 100,000		
Α			AL GENERAL LIABILITY	10000043	09/21/2012	03/2/12013	PREMISES (Ea occurence)	s 5,000		
		CLAIM	S MADE X OCCUR				MED EXP (Any one person)	\$ 1,000,000		
							PERSONAL & ADV INJURY	\$ 5,000,000		
							GENERAL AGGREGATE			
		POLICY POLICY	PRO- JECT LOC				PRODUCTS - COMP/OP AGG	5 INCL		
A		AUTOMOBILE LI		TD000043	09/27/2012	09/27/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000		
		ALL OWNED					BODILY INJURY (Per person)	s		
		X HIRED AUTO					BODILY INJURY (Per accident)	\$		
		X COLLISI	ION				PROPERTY DAMAGE	s		
			THAN COLL				(Per accident)			
		GARAGE LIABILI	ITY	TD000040	00/07/00/10	20/27/2015	AUTO ONLY - EA ACCIDENT			
Α		ANY AUTO	NY AUTO	TD000043	09/27/2012	09/27/2013	OTHER THAN EA ACC			
							AUTO ONLY: AGG			
		X OCCUR CLAIMS MADE			09/27/2012	09/27/2013	EACH OCCURRENCE	\$ 5,000,000		
Α				MA1329			AGGREGATE	\$		
						ļ		\$		
		DEDUCTIBL	E					\$		
		RETENTION	<u> </u>				INC STATUL OTH	<u> </u>		
		KERS COMPENSA					WC STATU- TORY LIMITS OTH			
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		RTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
		CER/MEMBER EXC , describe under HAL PROVISIONS I					E.L. DISEASE - EA EMPLOYE	1		
	SPEC OTHE		below				E.L. DISEASE - POLICY LIMIT	18		
A	GARAGE KEEPERS		RS	TD000043	09/27/2012	09/27/2013	600,000			
DES	RIPTIC	ON OF OPERATIO	NS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PRO	VISIONS		· · · · · · · · · · · · · · · · · · ·		
CEF	RTIFIC	CATE HOLDE	R		CANCELLAT	CANCELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
		LEXINGT	ON FAYETTE CO	UNTY GOV'T	DATE THEREOF,	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN				
200 E MAIN					NOTICE TO THE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
					IMPOSE NO OBL	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
		LEXINGT	ON, KY 40507		REPRESENTATI	REPRESENTATIVES.				
					ANTHORIZED REF	ANTHORIZED REPRESENTATIVE				
					1/0/2	Market Comment	11111111			
ACORD 25 (2001/08)						1	//LEAGORD'C	CRPORATION 1988		
						11	-			

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ACORD 25 (2001/08)

_	4 <i>C</i>	ORD, CERTIFIC	CATE OF LIABIL	ITY INS	URANCE		DATE (MM/DD/YYYY) 12/18/2012				
Sui		R nc Services, Inc. d Third Street Road		ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	UED AS A MATTER O RIGHTS UPON T ATE DOES NOT AM AFFORDED BY THE	THE CERTIFICATE END. EXTEND OR				
Loi	ıisvill	le KY 40214		INSURERS A	INSURERS AFFORDING COVERAGE						
INSU	IRED	MILLER TRANSPORTATIO)N	INSURER A: K	INSURER A: KESA, THE KY WORKER'S COMP FUND						
		7917 OLD THIRD STREET	ROAD	INSURER B:	INSURER B:						
				INSURER C:							
		LOUISVILLE, KY 40214		INSURER D:							
				INSURER E:							
CO	VER/	AGES									
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
	ADD'L INSRD		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	Lin	iits				
		GENERAL LIABILITY				EACH OCCURRENCE	\$				
	1 1	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	s				
	[CLAIMS MADE OCCUR				MED EXP (Any one person)	\$				
						PERSONAL & ADV INJURY	ş				
						GENERAL AGGREGATE	s				
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPIOP AGO	s s				
		AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$				
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s				
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s				
r						PROPERTY DAMAGE (Per accident)	s				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
		ANY AUTO				OTHER THAN EA ACC					
						AUTO ONLY: AGO					
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$				
		OCCUR CLAIMS MADE				AGGREGATE	s s				
		DEDUCTIBLE					\$				
		RETENTION \$					\$				
	WOR	KERS COMPENSATION AND				X WC STATU- OTI-	1-				
A	EMPL	OYERS' LIABILITY	WC100-0000500-2013A	01/01/2013	01/01/2014	E.L. EACH ACCIDENT	\$ 2,000,000				
	OFFIC	PROPRIETOR/PARTNÉR/EXECUTIVE CÉR/MEMBÉR ÉXCLUDÉO?				E.L. DISEASE - EA EMPLOYE	s 2,000,000				
	If yes, SPEC	, describe under NAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	0.000.000				
	OTHE	ER .									
DESC	RIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PRO	VISIONS						
ATT	N: C	CANDACE WALFORD									
CEF	RTIFIC	CATE HOLDER		CANCELLAT	CANCELLATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION						
		LEXINGTON FAYETTE COL	UNTY GOV'T	DATE THEREOF	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN						
		200 E MAIN		NOTICE TO THE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL						
		LEXINGTON, KY 40507		1	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.						
				AUTHORIZED REI	AUTHORIZED REPRESENTATIVE						
		05 (0004/00)	<u> </u>	1 Genel	Garderly Holman						

ACORD 25 (2001/08)