



CERTIFICATE OF LIABILITY INSURANCE

OPID IS
SUPER-7

DATE (MM/DD/YYYY)

04/11/12

| | | |
|---|---|---------------|
| PRODUCER Buckley & Co., Inc. 698 Perimeter Drive Lexington KY 40517-4120 Phone: 859-269-8002 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED Superior Demolition Inc 754 Westland Dr Lexington KY 40504 | INSURER A: National Casualty Company | 11991 |
| | INSURER B: KY AGC/SIF | |
| | INSURER C: Scottsdale Insurance Co | |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES

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.

| INSR/ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|--|-------|---|---------------|------------------------------------|-------------------------------------|--|-------------|
| C | | GENERAL LIABILITY | BCS0026511 | 12/20/11 | 12/20/12 | EACH OCCURRENCE | \$ 1000000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ Excluded |
| | | | | | | PERSONAL & ADV INJURY | \$ 1000000 |
| | | | | | | GENERAL AGGREGATE | \$ 2000000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 2000000 |
| | | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: | |
| <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | |
| A | | AUTOMOBILE LIABILITY | CA00246517 | 02/21/12 | 02/21/13 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1000000 |
| | | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | | |
| | | GARAGE LIABILITY | | | | ALTO ONLY - EA ACCIDENT | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | | AGG | \$ |
| C | | EXCESS / UMBRELLA LIABILITY | XLS0078987 | 12/20/11 | 12/20/12 | EACH OCCURRENCE | \$ 4000000 |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | | <input checked="" type="checkbox"/> RETENTION \$0 | | | | | \$ |
| B | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 19958-0 | 01/01/12 | 12/31/12 | <input checked="" type="checkbox"/> WC STATE/TORRY LIMITS <input type="checkbox"/> TUIT-ER | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | | |
| | | <input type="checkbox"/> Y/N | | | | E.L. EACH ACCIDENT | \$ 1000000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1000000 |
| | | E.L. DISEASE - POLICY LIMIT | \$ 1000000 | | | | |
| | OTHER | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

| | |
|---------------------------|--|
| CERTIFICATE HOLDER | CANCELLATION |
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
| | AUTHORIZED REPRESENTATIVE Riff Buckley |