



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MF

DATE (MM/DD/YYYY)

04/25/13

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**  
Carroll & Stone Insurance Services  
4384 Clearwater Way, Suite 200  
Lexington, KY 40515  
Stephen E. Carroll

859-269-1044  
859-276-0266

**CONTACT NAME:**  
**PHONE (A/C, No., Ext):**  
**FAX (A/C, No.):**  
**E-MAIL ADDRESS:**  
**PRODUCER CUSTOMER ID #:** PERDU-6

**INSURED**  
Perdue Environmental Contracting Co., Inc.  
PECCO, LLC  
250 Etter Dr.  
Nicholasville, KY 40356

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Commerce & Industry Ins.	
INSURER B:	Chartis Specialty Ins Co.	
INSURER C:	EMC Insurance Companies	21415
INSURER D:	Kentucky A.G.C.	
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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	4757463	05/01/12	05/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
B	<input checked="" type="checkbox"/> POLLUTION LIAB		4757463	05/01/12	05/01/13	MED EXP (Any one person) \$ 25,000
B	<input checked="" type="checkbox"/> Professional Liab		4757463	05/01/12	05/01/13	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X	CA-2601276	05/01/12	05/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> ANY AUTO		CA-2601276	05/01/12	05/01/13	
A	<input checked="" type="checkbox"/> ALL OWNED AUTOS		CA-2601276	05/01/12	05/01/13	
A	<input checked="" type="checkbox"/> SCHEDULED AUTOS		CA-2601276	05/01/12	05/01/13	
A	<input checked="" type="checkbox"/> HIRED AUTOS		CA-2601276	05/01/12	05/01/13	
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS		CA-2601276	05/01/12	05/01/13	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		4757685	05/01/12	05/01/13	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
B	<input checked="" type="checkbox"/> DEDUCTIBLE					
B	<input checked="" type="checkbox"/> RETENTION \$ 10,000					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	19110	01/01/13	12/31/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 4,000,000 E.L. DISEASE - EA EMPLOYEE \$ 4,000,000 E.L. DISEASE - POLICY LIMIT \$ 4,000,000
C	CARGO		3C72605	05/01/12	05/01/13	650,000 LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
LFUCG IS LISTED AS ADDITIONAL INSURED RE GENERAL LIABILITY & AUTO LIABILITY COVERAGES. GENERAL LIABILITY IS PRIMARY TO ANY INSURANCE OR SELF-INS RETAINED BY LFUCG. GENERAL LIABILITY INCLUDES PRODUCTS/COMPLETED OPERATIONS ENDORSEMENT & POLLUTION ENDORSEMENT. 30 DAYS NOTICE OF CANCELLATION APPLIES.  
\*\*RE: BID NUMBER 35-2013.

**CERTIFICATE HOLDER**

**CANCELLATION**

LFUCG  
200 East 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