

CERTIFICATE OF LIABILITY INSURANCE

OP ID: TN

NAIC #

DATE (MM/DD/YYYY)

12/27/11

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(les) 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). CONTACT NAME: 248-349-1122

Insurance Exchange Agency, Inc. 670 Griswold, P.O. Box 250 Northville, MI 48167 John T. Maloney

PHONE (A/C, No. Ext): E-MAIL ADDRESS: PRODUCER 248-349-2548

FAX (A/C, No):

INSURED Jack Doheny Supplies Inc.

P.O. Box 609 Northville, MI 48167

INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property & Casualty

INSURER B :

CUSTOMER ID #: JACKD-5

INSURER C : INSURER D :

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	TYPE OF INSURANCE		ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY		HISAID.		630-4089M141	07/01/11	07/01/12		\$	1,000,000
	X							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	^	CLAIMS-MADE X OCCUR	Х				1	MED EXP (Any one person)	\$	
		CERTINIS-WADE X COCCUR				!		PERSONAL & ADV INJURY	\$	1,000,000
	<u> </u>				4.44			GENERAL AGGREGATE	\$	2,000,000
		N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	GE	POLICY X PRO-							\$	
Α	AUTOMOBILE LIABILITY		Х	GΑ	GA-4096M691	07/01/11	07/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	X ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
	Х	SCHEDULED AUTOS		***************************************				PROPERTY DAMAGE (Per accident)	\$	
	-	HIRED AUTOS							\$	
1	X	NON-OWNED AUTOS		Ì					\$	
	+	UMBRELLA LIAB X OCCUR	╁					EACH OCCURRENCE	\$	20,000,000
A	-	EXCESS LIAB CLAIMS-MADE			CUP4089M141	07/01/11	07/01/12	AGGREGATE	\$	20,000,000
	-								8	
	-	RETENTION \$							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				YHUB-3315P83-6-11	01/01/11	01/01/12	X WC STATU- TORY LIMITS ER		~
								E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)			4				E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				veror name			E.L. DISEASE - POLICY LIMIT	8	500,000
A					Y6304089M141	07/01/11	07/01/12			100,000
[<u>-</u>			**************************************	7				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured: Lexington-Fayette Urban County Government. General

liability coverage is primary.

CERTIFICATE HOLDER

CANCELLATION

LEXINGF

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lexington-Fayette Urban County Government **Division of Risk Management** 200 East Main Street Lexington, KY 40507

AUTHORIZED REPRESENTATIVE

John T. Maloney