Client#: 122022 41NATIONALWO1

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2016

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).

certificate florder in fled of such endorsement(s).					
PRODUCER	CONTACT NAME:				
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, N	o): 859 254-8020			
Powell-Walton-Milward	E-MAIL ADDRESS:				
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC #			
Lexington, KY 40588	INSURER A: Cincinnati Insurance Co.	10677			
INSURED	INSURER B: Seneca Insurance Company	10936			
National Workwear, Inc.	INSURER C:				
P. O. Box 54950	INSURER D:				
Lexington, KY 40555	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.

	TYPE OF INSURA	NCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Χ	COMMERCIAL GENERAL	LIABILITY	Χ		EPP0190821	07/01/2015	07/01/2016		\$1,000,000
	CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
GEN		PLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:								\$
AUT	OMOBILE LIABILITY				EPP0190821	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
Χ	ANY AUTO							BODILY INJURY (Per person)	\$
	AUTOS A	AUTOS						,	\$
Χ								PROPERTY DAMAGE (Per accident)	\$
									\$
Χ	UMBRELLA LIAB X	OCCUR			EPP0190821	07/01/2015	07/01/2016	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$3,000,000
	DED X RETENTION	<b>\$0</b>							\$
					SRS0966477	07/01/2015	07/01/2016	X PER OTH-	
ANY	PROPRIETOR/PARTNER/E	EXECUTIVE	NI / A					E.L. EACH ACCIDENT	\$500,000
(Mar	ndatory in NH)	J: <u>I</u>	117.7					E.L. DISEASE - EA EMPLOYEE	\$500,000
If yes	s, describe under CRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$500,000
	AUT X X X X X X X X X X X X X X X X X X X	CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  GEN'L AGGREGATE LIMIT API  POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X UMBRELLA LIAB EXCESS LIAB  DED X RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETTOR/PARTNER/ OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROPOSED AUTOS  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y ANY PROPRIETOR/PARTNER/EXECUTIVE Y (Mandatory in NH)	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- POLICY JECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PATNIER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- DOTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  INSR WYD X  WOD CLAIMS-MADE  V OCCUR CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE Y N/A  (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCY JECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PATNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) ITSENTION SO  EPP0190821  EPP0190821  SRS0966477  N/A	X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCY JECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPETOR/PATNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCY PRODUCY OTHER:  AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A  (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR  GENTL AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCTS - COMP/OP AGG  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X WORKERS COMPENSATION EXCESS LIAB CLAIMS-MADE  DED X RETENTIONS O  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  X PER OTH EXCESS LIAB CLAIMS-MADE DED X RETENTIONS O  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY POPRIETTOR/PARTINER/EXECUTIVE Y/N ANY POPRIETTOR/PARTI

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Lexington Fayette Urban County Government 200 E. Main Street 3rd Floor Room 338 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

**CANCELLATION** 

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