

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2017

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 the policy of such endorsement(s).

certificate holder in Ileu of such endorsement(s).				CONTACT					
PRODUCER Marsh USA, Inc 1166 Avenue of the Americas New York, NY 10036				NAME: PHONE [A/C, No, Ext); [A/C, No]:					
S45162-STAND-CAS-16-17 SIGNAT				INSURER(s) AFFORDING COVERAGE INSURER A : Zunch American Insurance Company				16535	
INSURED CHARLES OF CHARLES			INSURER B : N/A					N/A	
OMNICOM GROUP INC (SIGNATURE GRAPHICS INC.) 437 MADISON AVENUE			INSURER C:						
			INSURE	RD:					
NEW YORK, NY 10022			INSURE	RE:					
			INSURE	RF:					
COVERAGES CEF	RTIFICA	TE NUMBER:	NYC	-008731172-01		REVISION NUMBER:2			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN	IENT, TERM OR CONDITION I, THE INSURANCE AFFOR	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR TYPE OF INSURANCE	INSD WY	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
X COMMERCIAL GENERAL LIABILITY		li .				EACH OCCURRENCE	s	2,000,000	
A CLAIMS-MADE X OCCUR		GLO 5096224 01		07/01/2016	07/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	2,000 000	
X CONTRACTUAL LIABILITY		!				MED EXP (Any one person)	\$	10,000	
						PERSONAL & ADV INJURY	s	2,000,000	
GEN LAGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$	5,000,000	
X POLICY PRO- OTHER LOC						PRODUCTS - COMP/OP AGG	\$ \$	5,000 000	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000	
A X ANY AUTO		BAP 5096225 01		07/01/2016	07/01/2017	BODILY INJURY (Per person)	s		
X ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	s		
X HIRED AUTOS X NON-OWNED AUTOS	!					PROPERTY DAMAGE (Per accident)	\$		
		1				COMP / COLL DED:	\$	25 00/2500	
UMBRELLA LIAB OCCUR	1					EACH OCCURRENCE	S		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	S		
DED ! RETENTION \$						DED OTT	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	1				E L EACH ACCIDENT	\$		
(Mandatory In NH)	ï					E L DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - POLICY LIMIT	\$		
			j		ir v				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL LFUCG is included as additional insured on all policies when the property of the control of th			lule, may b	a attached if mo	re space is requi	md)			
El 000 is included as additional insured on all politics with	era requiret	by while outlies							
CERTIFICATE HOLDER				CANCELLATION					
LFUCG 200 Easl Main Lexington, KY 40522			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 of Marsh USA Inc.						

Reil Fitz

Ricki Fitzsimmons