Client#: 811168 64ARROWELE

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2013

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).

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PRODUCER	CONTACT NAME:				
BB&T Insurance Services, Inc.	PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No): 866 881-2185			
2600 Eastpoint Parkway (40223)	E-MAIL ADDRESS:				
P O Box 436869	INSURER(S) AFFORDING COVERAGE	NAIC #			
Louisville, KY 40253	INSURER A: Amerisure Insurance Company	19488			
INSURED	INSURER B: St Paul Fire & Marine Ins Compa	24767			
Arrow Electric Company Inc;Herbert	INSURER C:				
Saylor; Saylor Investments LLC	INSURER D:				
P O Box 36215	INSURER E:				
Louisville, KY 40233	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	R TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	GEN	IERAL LIABILITY					CPP20208690802	05/31/2013	05/31/2014	EACH OCCURRENCE	\$1,000,000
	Х	COMMERCIAL GEN	IER/	AL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
		CLAIMS-MADE	: [X OCCUR						MED EXP (Any one person)	\$10,000
										PERSONAL & ADV INJURY	\$1,000,000
										GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			PPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
		POLICY X PROJECT)- T	LOC							\$
Α	AUT	OMOBILE LIABILITY	1				CA20208681202	05/31/2013	05/31/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO								BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS	Χ	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
											\$
В	X	UMBRELLA LIAB		X OCCUR			RENOFZUP14R6957312	05/31/2013	05/31/2014	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$10,000,000
	DED X RETENTION \$10000									\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC204544707	05/31/2013	05/31/2014	X WC STATU- TORY LIMITS OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE			NER/EXECUTIVE T/N		E.L. EACH ACCIDENT	\$1,000,000				
	(Ma	ndatory in NH)	וטטו	IN N	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$1,000,000	

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

CERTIFICATE HOLDER	CANCELLATION

LFUCG 200 East Main Street Lexington, KY 40507-1310 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

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