38EXCELLANCE1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/DD/YYYY) 12/15/2015

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 J Smith Lanier & Co-Huntsville P. O. Box 6087	CONTACT NAME: PHONE (A/C, No, Ext): 256 890-9000 E-Mail ADDRESS:				
Huntsville, AL 35813-0087 256 890-9000	INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED	INSURER B: Travelers Indemnity Co. of Amer INSURER B: Travelers Property Casualty Co.	25674			
Excellance, Inc.	INSURER C: Alabama Self Insured WC Fund				
Bladies Al 25750	INSURER D: Phoenix Insurance Company INSURER E: Midwest Employers Casualty	25623			
	INSURER F:				

Madican Al 25750			INSURER D: PROGRI	25623					
Madison, AL 35758			INSURER E : Midwes	1=1-1					
				INSURER F:					
CO	VERAGES CERTIF	CATE	NUMBER:		1	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	NSR TYPE OF INSURANCE ADDLISUBRUTE INSR WVD P		POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			S		
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER	6301G913639TIA15			EACH OCCURRENCE	\$1,000,000			
						DAMAGE TO RENTED PREMISES (En occurrence)	s 300,000		
		- 0				MED EXP (Any one person)	s 10,000		
						PERSONAL & ADV INJURY	s1,000,000		
						GENERAL AGGREGATE	s 2,000,000		
	POLICY PRO- JECT LOC	1				PRODUCTS - COMP/OP AGG	\$2,000 <u>,0</u> 00		
	OTHER						s		
D	D AUTOMOBILE LIABILITY BA1G91 X ANY AUTO SCHEDULED AUTOS AUTOS	BA1G910639PHX15	08/01/2015	08/01/2016	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000			
					BODILY INJURY (Per person)	S			
						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED				i	PROPERTY DAMAGE (Per accident)	S		
			İ				\$		
В	X UMBRELLA LIAB X OCCUR		CUP2G370860TIL15	08/01/2015	08/01/2016	EACH OCCURRENCE	\$9,000,000		
	EXCESS LIAB CLAIMS-MADE	1				AGGREGATE	s9,000,000		
	DED X RETENTION \$10000						S		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC10000998002015A	01/01/2015	01/01/2016	X PER OTH-			
Ε	ANY PROPRIETOR/PARTNER/EXECUTIVE T/N OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	PLAL129001			E L EACH ACCIDENT	s1,000,000			
					E L DISEASE - EA EMPLOYEE	s1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below				E L DISEASE - POLICY LIMIT	s1,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CERTIFICATE HOLDER

CANCELLATION

Lexington Fayette Urban County Government Division of Central Purchasing 200 East Main Street 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

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