

CERTIFICATE OF LIABILITY INSURANCE

LANGL-3

OP ID: JK

DATE (MM/DD/YYYY) 09/26/2014

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 SPANN INSURANCE, INC.		CONTACT David A. Fleming					
710 THOM	PSON LANE		615-383-8926				
P. O. BOX 40386 NASHVILLE, TN 37204-0386 David A. Fleming		E-MÂIL ADDRESS: david@spanninsurance.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Westfield Insurance Company	24112				
INSURED	Langley & Taylor Pool Corporation, Inc. P O Box 100624	INSURER B : American Guarantee (Zurich)	40142				
		INSURER C:					
	Nashville, TN 37224	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	INSR POLICY EFF POLICY EXP								
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	X		CWP4810171	07/10/2014	07/10/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	15,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO-							\$	
	AUTOMOBILE LIABILITY			CWP4810171		07/10/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α					07/10/2014		BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	4,000,000
Α	EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0			CWP4810171	07/10/2014	07/10/2015	AGGREGATE	\$	4,000,000
								\$	
				6ZZUB-6B24385-9-13	10/01/2013	10/01/2014	X WC STATU- TORY LIMITS OTH- ER		
В			6Z				E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	A Rented/Leased			CWP4810171	07/10/2014	07/10/2015	Limit		25,000
	Equipment						Ded		500
l									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project: Shilito Park Swimming Pool, 300 Reynolds Road, Lexington KY 40503.

Certificate holder is named as an additional insured as respects to the general liability policy when required by written contract.

CERTIFICATE HOLDER	CANCELLATION				
LEXIN-4 Lexington-Fayette Urban County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Division of Central Purchasing 200 East Main Street, Room 338 Lexington, KY 40507	AUTHORIZED REPRESENTATIVE Juanta Kinby				