## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DOYYYY) 03/31/2015

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 fleu of such endorsement(s).

PRODUCER	CONTACT NAME:				
Louisville Insurance Network					
901 Lily Creek Rd	I F-MAIL	E-MAIL			
Suite 201	ABBRERR: VIIVI				
Louisville KY 40243	numera a Auto	INSURER(S) AFFORDING COVERAGE NAIC #			
INSURED		INSURER 8 - AGC			
Tennis Technology Inc.					
P O Box 19709	INSURER C :				
Louisville KY 40259-0709	INSURER D :				
	INSURER E:				
COVERAGES CERTIFICATE NUMBER:	INSURER F :	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ADDITION OF THE POLICY AND THE					
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 ADDLSUBR	POLICY EF	POLICY EXP		_	
COMMERCIAL GENERAL LIABILITY	NUMBER (NUMBER)	0.4   1   1   1   1   1   1   1   1   1			
A CLAIMS-MADE X OCCUR			DAMAGE TO RENTED PREMISER (En pocujuante)	\$ 1000000 \$ 300000	
0979552514	05/01/15	05/01/16	MED EXP (Any one person)	s 10000	
		1	PERSONAL & ADV INJURY	<b># 1000000</b>	
GEN'L AGGREGATE LIMIT APPLIES PER			GENERAL AGGREGATE	s 1000000	
POLICY JECT LOC			PRODUCTS - COMP/OP AGG	\$ 1000000	
AUTOMOBILE LIABILITY				8	
			COMBINED SINGLE LIMIT	\$ 1000000	
AL DANED SOURCE ED			BODEY INJURY (Per person)	3	
AUTOS AUTOS 42183325UU	05/01/15	05/01/16	BODILY INJURY (Per accident)	\$	
HIRED AUTOS AUTOS			PROPERTY DAMAGE	\$	
				\$	
X UMBRELLA LIAB OCCUR			EACH OCCURRENCE	12000000	
A EXCESS LIAB CLAIMS MADE: 4279552501	05/01/15	05/01/16	AGGREGATE	\$ 2000000	
WORKERS COMPENSATION				\$	
AND EMPLOYERS' LIABILITY		1	STATUTE X OTH		
A ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A 003895	01/01/15	01/01/16	E L EACH ACCIDENT	s 4000000	
(Mandatory In NH) If yes, describe under			E L DISEASE - EA EMPLOYEE \$ 4000000		
DESCRIPTION OF OPERATIONS below			E L DISEASE - POLICY LIMIT	\$ 4000000	
		j i			
DESCRIPTION OF OPERATIONS (I OCATIONS / VEHICLES (ACCRES AND ALEXANDER)					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more apace in required)  Project: Asphalt Repair per Tennis & Basketball Courts Bd#38 2015					
Project. Aspiralt Repair per Tennis & Basketball Courts Bd#38 2015					
CERTIFICATE HOLDER	0.1110				
CERTIFICATE HOLDER CANCELLATION					
LFUCG	SHOULD ANY OF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			
Division of Central Purchasing	THE EXPIRATION	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE			
200 East Main Street Third Floor Rm 338	ACCORDANCE				
Lexington, KY 40507	AUTHORITED OF CO.				
manning rate of the state of th	AUTHORIZED REPRES				
<u> </u>		1000 5044 40	200 000000		