

CERTIFICATE OF LIABILITY INSURANCE

HYDRO-1 OP ID: CS

DATE (MM/DD/YYYY)

08/21/13

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

C	ertificate holder in lieu of such endors	emen	it(s).								
PRODUCER Phone: 513-891-6615											
E. Kinker & Co. Kinker-Eveleigh Insurance Fax: 513-891-6621					DUONE						
7750 Montgomery Rd						SS:					
Cincinnati, OH 45236-4276 Sam Tuten						INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Sam ruten					INSURER A : Central Mutual Insurance Co					20230	
INSURED Hydro Controls, Inc.								Companies			
Dan Caskey					INSURER C :						
473 Cincinnati Batavia Pi			ke			INSURER D :					
	Cincinnati, OH 45244				INSURER E :						
COVERAGES CERTIFICATE NUMBER:						INSURER F:					
	· · · · · · · · · · · · · · · · · · ·				REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN C	DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA POLIC	EMEI VIN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY	x		CLP 8115101		11/07/12	11/07/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000	
-	CLAIMS-MADE X OCCUR	-						MED EXP (Any one person)	s	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	PPC.							PRODUCTS - COMPIOP AGG	\$	2,000,000	
	POLICY X JECT LOC AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		1,000,000	
ь.	 1			BAP8887399		11/07/12	44/07/40	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000	
В	X ANY AUTO ALL OWNED SCHEDULED			DAF000/333		11/07/12	11/07/13				
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	<u> </u>		
	HIRED AUTOS AUTOS							(Per accident)	\$		
							ļ		\$		
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	2,000,000	
Α	X EXCESS LIAB CLAIMS-MADE	-		CXS 8115102		11/07/12	11/07/13	AGGREGATE	\$	2,000,000	
	DED X RETENTION\$ 0					·			\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				CLP 8115101		11/07/12	11/07/13	E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
									-		
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach	ACORD 101, Additional Remarks	Schedule.	if more space is	required)		,		
	tificate holder is named a										
for	m 8-1889(12/07) with respect	t to) WC	ork performed by t	he na	med insu	red.				
CE	RTIFICATE HOLDER				CAN	ELLATION					
LEXIN-3											
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
										Lexington-Fayette Urban County	
Government 200 E. Main St.					AUTHORIZED REPRESENTATIVE						
Lexington, KY 40507					Many Cstchwan						
Ceviliaron's 1/1 4050)						11/eny - sechwary					