

CERTIFICATE OF LIABILITY INSURANCE

PAVEM-1 OF

OP ID: PK

03/01/14

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 PELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED PRESENTATIVE 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 McGowan Insurance Home Office - Old Forge Centre 20595 Lorain Road Fairview Park, OH 44126 Colin C. Dean		440-333-6300	CONTACT Pam Muzilla				
		440-333-3214	PHONE (A/C, No, Ext): 440-333-6300	FAX (A/C, No): 440	-333-3214		
			E-MAIL ADDRESS: pmuzilla@mcgowaninsurance.com				
			INSURER(S) AFFORDING COVERAGE		NAIC#		
			INSURER A: Travelers Indemnity				
INSURED	Pavement Technology, Inc		INSURER B:				
	24144 Detroit Rd Westlake, OH 44145		INSURER C:				
	Westake, Off 44140		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 LTR	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	Х		DT-CO-324N6425	03/01/14	03/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
1	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
	X \$2,500 PD Ded						PERSONAL & ADV INJURY	S	1,000,000
	X Pollution Liab						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- JECT LOC							S	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X ANY AUTO			DT-810-324N6425	03/01/14	03/01/15	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
				2 22		a	PARTITION IN THE PARTITION IN	\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α	EXCESS LIAB CLAIMS-MADE			CUP-324N6425	03/01/14	03/01/15	AGGREGATE	\$	5,000,000
	DED X RETENTION\$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		DT-CO-324N6425	03/01/14	03/01/15	WC STATU- OTH- TORY LIMITS ER		2707 - 280 - 270 - 250 - 250
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	1,000,000
((Mandatory in NH)		EMPLOYERS LIAB			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	PAG 50								
DEC	PERCENTION OF OPERATIONS IN COATIONS (METHOD FO AND A ADDRESS OF A ADD								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Project: Asphalt Surface Maintenance w/Asphalt rejuvenating Agent.

Certificate holder is included as Additional Insured when required by written construction contract.

CERTIFICATE HOLDER	CANCELLATION	
Lexington-Fayette Urban County Government 200 East Main Street	LEXIN-1	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,, KY 40507		Colin C. Dean