



# CERTIFICATE OF LIABILITY INSURANCE

MUNIEQU-01

KTHOMAS

DATE (MM/DD/YYYY)  
4/15/2013

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<br>Neace Lukens - Louisville/ Assured NL Insurance Agency Inc<br>2305 River Road<br>Louisville, KY 40206 | CONTACT NAME:   |                               |        |
|   | PHONE (A/C, No, Ext): (502) 894-2100 7524             | FAX (A/C, No): (502) 894-8602 |        |
| INSURED<br><br>Municipal Equipment, Inc.<br>6305 Old Shepherdsville Road<br>Louisville, KY 40228                  | E-MAIL ADDRESS:                                       |                               |        |
|   | INSURER(S) AFFORDING COVERAGE                         |                               | NAIC # |
|   | INSURER A : Travelers Property Casualty Co of America |                               | 25674  |
|   | INSURER B : Charter Oak Fire Insurance Co             |                               | 25615  |
|   | INSURER C : FFVA Mutual                               |                               | 10385  |
|   | 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  | ADDL SUBR INSR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--------------------|---------------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY  | X                  | Y6308512P673TIL13   | 4/13/2013               | 4/13/2014               | EACH OCCURRENCE \$ 1,000,000   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                               |                    |                     |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                                   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 |                    |                     |                         |                         | MED EXP (Any one person) \$ 10,000   |
|          |  |                    |                     |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000   |
|          | GENERAL AGGREGATE \$ 10,000,000  |                    |                     |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                    |                     |                         |                         |  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                    |                     |                         |                         |  |
| B        | AUTOMOBILE LIABILITY   |                    | Y8108512P673COF13   | 4/13/2013               | 4/13/2014               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                       |
|          | <input checked="" type="checkbox"/> ANY AUTO   |                    |                     |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS              |                    |                     |                         |                         | BODILY INJURY (Per accident) \$  |
|          | <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                  |                    |                     |                         |                         | PROPERTY DAMAGE (PER ACCIDENT) \$  |
|          |  |                    |                     |                         |                         | \$   |
| A        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  |                    | YSMCUP8512P673TIL13 | 4/13/2013               | 4/13/2014               | EACH OCCURRENCE \$ 4,000,000   |
|          | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE           |                    |                     |                         |                         | AGGREGATE \$   |
|          | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>                             |                    |                     |                         |                         | \$ 4,000,000   |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  | Y/N                | WC84000282872013A   | 4/16/2013               | 4/16/2014               | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    |                    |                     |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |                    |                     |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  |
|          |  |                    |                     |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| A        | Equipment Floater  |                    | Y6308512P673TIL13   | 4/13/2013               | 4/13/2014               | Limit 300,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Lexington Fayette Urban County Govt. is listed as additional insured with regards to the Named Insured general liability & auto liability coverage as required by written contract with the Named Insured. This insurance is primary for the benefit of the additional insured.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| Lexington Fayette Urban County Government<br>200 E Main Street<br>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<br>  |

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