\$10,000,000



## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/26/2014

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).

certificate holder in lieu of sucl	n endorsement(s).		_				
PRODUCER AON Risk Services Northeast, Columbus OH Office 445 Hutchinson Avenue Suite 900	Inc. PH	CONTACT NAME: PHONE (A/C, No. Ext): (866) 283-7122  E-MAIL ADDRESS:  FAX (A/C, No.): (800) 363-0105					
Columbus OH 43235 USA			INSURER(S) AFFORDING COVERAGE				
INSURED	INS	BURER A:	22241				
Sarnova, Inc.	INS	SURER B:	RERB: Sentinel Insurance Company, Ltd				
Bound Tree Medical, LLC 5000 Tuttle Crossing Blvd.	ENI	SURER C:	19682				
Dublin OH 43016 USA	INS	BURER D:					
	INS	URER E:					
	INS	INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 570055954222		REVIS	ION NUMBER:			
THIS IS TO CERTIFY THAT THE P	OLICIES OF INSURANCE LISTED BELOW HAVE ANY REQUIREMENT, TERM OR CONDITION OF	BEEN ISSU	JED TO THE INSURED NATIONAL TRACT OR OTHER DOCUMENT	AMED ABOVE FOR TH	E POLICY PERIOD T TO WHICH THIS		

CO	VER	AGES CER	TIFICA	TE NUMB	IER: 570055954222		RI	EVISION NUMBER:	
		S TO CERTIFY THAT THE POLICIES							
C	ERTI	FICATE MAY BE ISSUED OR MAY I	PERTAIN	V. THE INS	SURANCE AFFORDED	BY THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT T	O ALL THE TERMS, lown are as requested
NSI LTF	1	TYPE OF INSURANCE	ADDU SU		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP		
Ċ		COMMERCIAL GENERAL LIABILITY		33000	vG3435	12/01/2014	12/01/2015	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEI	NL AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$2,000,000

1						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$2,000,000
1	POLICY X PRO-					PRODUCTS - COMP/OP AGG	Excluded
	OTHER						
В	AUTOMOBILE LIABILITY		33 UUN VG3435	12/01/2014	12/01/2015	COMBINED SINGLE LIMIT (Es accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY ( Per person)	
ш	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	
ш	AUTOS AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	
Ш	EXCESS LIAB CLAIMS-MADE					AGGREGATE	
	DED RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-	

Claims Made
SIR Aggregate
SIR

140H380022

<del></del>					MILL D. AND.	OF THE 40		DOLLOTES (	DE CANCELLED	BEFORE	THE
CERTIFICATE HOI	DER			CAN	CELLATIC	N					
primary to other insured.	insurance	avail <b>able t</b>	o the certifi <b>ca</b>	i <b>te</b> holder,	but only	to the ex	ktent requir	ed by wri	tten <b>contra</b>	ct with	the
endorsement with	respect to	the Genera	i Liability and	i Products L	lability	porteres.	. General L	TAULITUY.	evidenced ti	erem is	·

Lexington-Fayette Urban County Government Division of Risk Management 200 East Main Street, Room 338 Lexinton KY 40507 USA

ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

Products Liab

SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

E L EACH ACCIDENT

E L DISEASE-EA EMPLOYEE

E.L. DISEASE-POLICY LIMIT

Aggregate Limit

AUTHORIZED REPRESENTATIVE

12/01/2014 12/01/2015

Son Risk Services Northeast, Inc

AGENCY CUSTOMER ID: 570000037575

LOC#:

		AUUH	IU	NAL	KEIVIA	4KN	<u> ЭОП</u>	EDULE		Page _ of _
AGENC AON	Y Risk Services Northe	ast, Inc.					NSURED DVa, Inc.			
POLICY	NUMBER Certificate Number:		1222			-	,			
CARRIE				· ·	NAIC CODE	ESSECT	VE DATE		<del></del>	
	ITIONAL REMARKS	37003333-	1222			EFFECT	IVE DATE			
THIS	ADDITIONAL REMARKS F M NUMBER: ACORD 25						•		_	
	INSURER(S) A	FFORDIN	IG C	OVERA	.GE		NAIC#			
INSU	PRER									
INSU	RER									
INSU	RER									
INSU	RER									
ADD	OITIONAL POLICIES	If a policy certificate	y belo e form	w does no	ot include lim	it infon	mation, refer to	the correspond	ding policy on Il	he ACORD
INSR LTR	TYPE OF INSURANCE	ADDL INSD		Р	OLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIM	nits
	OTHER									
A	Products Liab			140H380 Claims I SIR app	Made	icv te	12/01/2014 ms & condit	12/01/2015 ons	SIR Per Occurrence	\$25,000
	-									
<u> </u>										_
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