

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2014

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).							
PRODUCER	Slade & Collins Insurance Agency / Steve McCoy 3320 Clays Mill Road Suite 109			CONTACT Tina Woofter			
				PHONE (A/C, No. Ext): 859-219-1121	FAX (A/C, No): (859) 219-1125		
	Lexington, KY 40503		E-MAIL ADDRESS: Tina@sladeandcollins.com				
				INSURER(S) AFFORDING CO	OVERAGE	NAIC#	
				INSURER A: Hartford F&C		11000	
INSURED	NTSG Inc			INSURER B: Hartford		00914	
	848 Nandino Blvd, Suite R Lexington, KY 40511		INSURER C: Axis		37273		
	gron,		INSURER D :				
				INSURER E:			
	<u> </u>			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.							
INSH LTR	TYPE OF INSURANCE	NSR WYD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/PD/YYYY) (MM/DD/YYYY)	LIMITS		

GENERAL LIABILITY 2,000,000 EACH OCCURRENCE ŝ DAMAGE TO RENTED PREMISES (Ea occurrence) 33SBAZ16665 **COMMERCIAL** GENERAL LIABILITY 09/11/2014 09/11/2015 1,000,000 CLAIMS-MADE OCCUR 10,000 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY 4,000,000 **GENERAL AGGREGATE** \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER. PRODUCTS - COMP/OP AGG \$ POLICY LOC \$ COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 33SBAZI6665 09/11/2014 09/11/2015 2,000,000 BODILY INJURY (Per person) OTUA YNA \$ SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS s UMBRELLA LIAB Α OCCUR 4.000.000 **EACH OCCURRENCE** \$ EXCESS LIAB 33SBAZI6665 4,000,000 09/11/2014 09/11/2015 CLAIMS-MADE AGGREGATE \$ RETENTION \$ DED WORKERS COMPENSATION WC STATU-AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 33WBCBS9103 09/11/2014 09/11/2015 1,000,000 E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ Professional Liability MCN000199971401 09/02/2014 09/02/2015 Aggregate \$3,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atlach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
CONTRACTORS REGISTRATION LFUCG 200 EAST MAIN ST, 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