BLUEUNI-01

WMARSHALL

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/21/2013

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).

С	ertificate holder in lieu of such endor					incii. 71 Sta				ngino to the	
PRODUCER Van Meter Insurance Group PO Box 1779 Bowling Green, KY 42102-1779					CONTACT NAME: PHONE (A/C, No, Ext): 1 (270) 781-2020 [E-MAIL FAX (A/C, No): 1 (270) 843-8808						
					INSURE	RA: Ohio Ca				NAIC # 24074	
INSURED BLUEGRASS UNIFORMS, INC 3533 Dahlia Way Bowling Green, KY 42101						INSURER B. KESA-Kentucky Employers Safety					
						INSURER C:					
						RD:					
						RE:					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
1N	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLIC	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	OT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY		A de la companya de l	BOP3882501		7/6/2012	7/6/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
		İ						GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC		! 	V PARTICIPATION OF THE PARTICI				PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		1,000,000	
Α	ANY AUTO			BA3882500	7/6/2012	7/6/2013	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000		
	ALL OWNED SCHEDULED						77072012	BODILY INJURY (Per accident)	\$	— <u>, — , , , , , , , , , , , , , , , , ,</u>	
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$		
	AOTOS							(PER ACCIDENT)	\$		
	UMBRELLA LIAB OCCUR		·····					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	S		
	DED RETENTIONS								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A						X WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			WC10000052702011		6/1/2012	6/1/2013	E.L. EACH ACCIDENT	\$	2,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	2,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	2,000,000	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ttach	ACORD 101, Additional Remarks S	ichedule.	if more space is	required)				
										vyven da	
CERTIFICATE HOLDER						CANCELLATION					
Lexington Fayette Urban County Government 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.					

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