

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/24/13

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 859-296-4580 Roeding Insurance Lexington PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): 859-296-4583 1056 Wellington Way, Suite 130 Lexington, KY 40513 Rob Hoenscheid INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: OHIO CASUALTY 24074 INSURED E.C. Matthews Company, Inc. INSURER B: AGC KY ASSOC GEN CONT 2265 Harrodsburg Rd INSURER C : Lexington, KY 40504 INSURER D INSURER E INSURER F **COVERAGES REVISION NUMBER:** CERTIFICATE 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. ADDL SUBR INSR WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** S DAMAGE TO RENTED PREMISES (Ea occurrence COMMERCIAL GENERAL LIABILITY CBP8815934 07/01/13 07/01/14 300,000 Α \$ CLAIMS-MADE X OCCUR 10,000 MED EXP (Any one person) \$ 1,000,000 s PERSONAL & ADV INJURY 2,000,000 \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPJOP AGG 2,000,000 s POLICY X PRO-\$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1.000,000 BA8817934 07/01/13 07/01/14 BODILY INJURY (Per person) \$ Α Χ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) s PROPERTY DAMAGE Ś HIRED AUTOS AUTOS \$ UMBRELLA LIAB Х Χ 10,000,000 OCCUR EACH OCCURRENCE s EXCESS LIAB CU8818634 07/01/13 07/01/14 10,000,000 Α CLAIMS-MADE AGGREGATE \$ 10.000 DED X RETENTIONS 5 WORKERS COMPENSATION X WC STATU-AND EMPLOYERS' LIABILITY 7461 В ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 01/01/13 12/31/13 4,000,000 E.L. EACH ACCIDENT s N/A 4,000,000 (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 4,000,000 E.L. DISEASE - POLICY LIMIT CBP8815934 07/01/13 07/01/14 500,000 Installation Install 100,000 Leased Equip Α Leased Eq DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION **LEXFUCG** 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 Fayette Urban **County Government** AUTHORIZED REPRESENTATIVE 200 East Main Street Lexington, KY 40507