Client#: 661838 CEPOWERS

$ACORD_{\cdot\cdot}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/28/2012

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	CONTACT Debbie Neace				
USI Midwest Cincinnati	PHONE (A/C, No, Ext): 513 852-6417 FAX (A/C, No): 610	-537-4857			
312 Elm Street,24th Floor	E-MAIL ADDRESS: debbie.neace@usi.biz				
Cincinnati, OH 45202	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: National Fire Insurance Co. of	20478			
INSURED	INSURER B: Continental Casualty Company	20443			
CE Power Solutions LLC	INSURER C: Valley Forge Insurance Company	20508			
4500 W. Mitchell Avenue	INSURER D:				
Cincinnati, OH 45232	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 SUI	BR 'D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY		C2087763928	12/01/2011	12/01/2012	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT LOC					OH Stop Gap	\$1,000,000
C	AUTOMOBILE LIABILITY		C2087763931	12/01/2011	12/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$Unlimited
						Hired Phys	\$\$1,000 Ded
В	X UMBRELLA LIAB X OCCUR		C2087763945	12/01/2011	12/01/2012	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DED X RETENTION \$0						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC2088483814	12/01/2011	12/01/2012	X WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	Leased Equipment		C2087763928	12/01/2011	12/01/2012	\$500,000/\$1,000 Dec	l
Α	Installation		C2087763928	12/01/2011	12/01/2012	\$700,000/\$2,500 Dec	I
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Atta	ch ACORD 101, Additional Remarks Sc	hedule, if more space	is required)		

Project: Any & All work. Certificate holder and each of their respective agents, affiliates and employees are included as an additional insured under the general liability per from G17957G 10.01; automobile per form CA2048 02.99 & umbrella (follow form) as required by written contract/purchase order subject to policy terms/conditions on a primary & non contributory basis for the general liability coverage as required by written contract. Waiver of subrogation is included under the general liability per form (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
LFUCG 200 East Main Street 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
	Idomas a Children

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DESCRIPTIONS (Continued from Page 1)
CG2404 05.09; automobile per form 9.23186A 05.89; umbrella (follow form) & workers' compensation per form WC000313(does not apply to Kentucky) as required by written contract.