



CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)
02/28/2013

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).

PRODUCER Willis of Arizona, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	877-945-7378 FAX (A/C, NO): 888-467-2378
	E-MAIL ADDRESS:	certificates@willis.com
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Union Fire Ins. Co. of Pittsburgh	19445-004
INSURED John Deere Landscapes, Inc.; LESCO, Inc.; LESCO Services, Inc. World Headquarters One John Deere Place Moline, IL 61265-8010	INSURER B: New Hampshire Insurance Company	23841-001
	INSURER C: Ins. Co. of the State of PA	19429-000
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 19447179 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	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y	2704928	11/1/2012	11/1/2013	EACH OCCURRENCE \$See Attached
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		2704929	11/1/2012	11/1/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$See Attached
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$See Attached
						PERSONAL & ADV INJURY \$See Attached
						GENERAL AGGREGATE \$See Attached
						PRODUCTS - COMP/OP AGG \$See Attached
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJE CT <input type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY	Y	4309625	11/1/2012	11/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> ANY AUTO		4309626	11/1/2012	11/1/2013	BODILY INJURY (Per person) \$
A	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		4309627	11/1/2012	11/1/2013	BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION S					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC015884269	11/1/2012	11/1/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	WC015884270	11/1/2012	11/1/2013	E.L. EACH ACCIDENT \$ 500,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC015884271	11/1/2012	11/1/2013	E.L. DISEASE - EA EMPLOYEE \$ 500,000
B	Workers Compensation		WC015884273	11/1/2012	11/1/2013	E.L. DISEASE - POLICY LIMIT \$ 500,000
C			WC015884272	11/1/2012	11/1/2013	\$500,000 EL Each Accident \$500,000 EL Disease-Each Employee \$500,000 EL Disease-Policy Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)
RE: Bid # 7-2013, Golf Course Horticultural Products: 1 year from DOA

SEE ATTACHED

CERTIFICATE HOLDER Lexington-Fayette Urban County Government Attn: Division of Risk Management 201 East Main St. Lexington, KY 40508	CANCELLATION 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



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Arizona, Inc.		NAMED INSURED John Deere Landscapes, Inc.; LESCO, Inc.; LESCO Services, Inc.	
POLICY NUMBER See First Page		World Headquarters One John Deere Place Moline, IL 61265-8010	
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE: See First Page	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy Number 2704928 provides coverage as follows:

- \$ 1,000,000 Each Occurrence
- \$ 1,000,000 Damage to Rented Premises (Ea occurrence)
- Excluded Med Exp (Any one person)
- \$ 1,000,000 Personal & Adv Injury
- \$ 2,000,000 General Aggregate
- \$ 2,000,000 Comp/Op Agg

Policy Number 2704929 provides Products coverage as follows:

- \$ 1,000,000 Each Occurrence
- \$ 2,000,000 General Aggregate

In the event that any part of Bid No 7-2013 is awarded to John Deere Landscapes, Inc., Lexington-Fayette Urban County Government shall be named as an Additional Insured under the General Liability and Automobile Liability policies listed above to the extent required under Bid No 7-2013.

Should any of the attached described policies be cancelled before the expiration date thereof, the producer will endeavor to mail 30 days written notice to the certificate holder named herein, but failure to do so shall impose no obligation or liability of any kind upon the producer, its agents or representatives.