

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/08/2016

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not come rights to the certificate holder in new or such endorsement(s).						
PRODUCER	In a bank of the land	CONTACT Rose Smith				
	Jacobs-Weber, Inc. P.O. Box 67	PHONE (A/C, No. Ext): 361-648-4209	FAX (A/C, No): 361-293-3074			
	Yoakum, TX 77995	E-MAIL ADDRESS: rsmith@jacobs-weber.com				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: Arch Insurance Company	11150			
INSURED	Alpha Omega Industries, LLC	INSURER B:				
	911 Fleet & Fire Equipment 11 Lendale Drive	INSURER C:				
	Florence, KY 41042	INSURER D:				
		INSURER E:				
		INSURER F:				
COVERAC	GES 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						

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NOR TYPE OF INSURANCE ADDITIONS BY POLICY NUMBER POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS

INSR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	COMMERCIAL GENERAL LIABILITY	Υ		MFPK07332903	03/05/2016	03/05/2017	EACH OCCURRENCE	\$	1,000 000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	✓ Includes Garage Operations						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY	Υ		MFCA08343303	03/05/2016	03/05/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	UMBRELLA LIAB VOCCUR	Y		MFUM07983803	03/05/2016	03/05/2017	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
	DED RETENTION \$ 0				1	<u> </u>		\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER		
l	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Property h-Transit/Off-Premise	Y		MFPK07332903	03/05/2016	03/05/2017			1,000,000
A	Garage/Stock Autos Limit	Υ		MFPK07332903	03/05/2016	03/05/2017			1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Lexington-Fayette Urban County Government is named as an additional insured under both the general liability policy and the commercial automobile liability policy. The general liability policy coverage is primary and non-contributory. A 30-day advance written notice of cancellation or non-renewal of the policies is included.

CERTIFICATE HOLDER	CANCELLATION					
Lexington-Fayette Urban County Government Division of Risk Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
200 East Main Street Lexington, KY 40507	AUTHORIZED REPRESENTATIVE					

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