



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2013

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 Bluegrass Insurance Services LLC 620 Westport Rd. Suite C Elizabethtown KY 42701	CONTACT NAME: HOUSEACCOUNT BLUEGRASS INS	
	PHONE (A/C. No. Ext): (270) 769-5555	FAX (A/C. No.): (270) 737-5991
INSURED T.E.M. GROUP, INC. DBA TEM Electric Company INC. 3560 Bashford Ave LOUISVILLE KY 40218	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00000367	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Selective Insurance Co.	
	INSURER B: Associated General Contractors	
INSURER C:		NAIC #
INSURER D:		12572
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: CL1051100433

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	S	201233700	12/15/2012	12/15/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Blkt Add'l Insds						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Empl. Ben \$ 1,000,000
A	AUTOMOBILE LIABILITY		S	201233700	12/15/2012	12/15/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> HIRED AUTOS							
<input type="checkbox"/> NON-OWNED AUTOS							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		S	201233700	12/15/2012	12/15/2013	EACH OCCURRENCE \$ 9,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 9,000,000
	<input type="checkbox"/> CLAIMS-MADE						
DEDUCTIBLE							
<input checked="" type="checkbox"/> RETENTION \$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	7538-1	01/01/2013	12/31/2014	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 4,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 4,000,000
							E.L. DISEASE - POLICY LIMIT \$ 4,000,000
A	INLAND MARINE		S	201233700	12/15/2012	12/15/2013	Installation Floater 300,000
	RENTED/LEASED EQUIPMENT						RENT/LEASED

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

Certificate holder is listed as Additional Insured in regards to named insured's general liability as required by written contract as evidenced by endorsement form CG72020110.
Emergency Generator Connections

CERTIFICATE HOLDER

CANCELLATION

Lexington Fayette Co. Urban Gov 200 E Main Street 3rd Floor, Room 338 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 John Cecil/DJOY 