

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

16/27/2013

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).

	ertificate holder in lieu of such endors				iuoi sei	ment. A Stat	ement on th	is cerunicate does not c	onieri	ignis to the	
PRODUCER						CONTACT NAME:					
					PHONE (A/C, No	o, Ext):502-24	1_12/12	FAX (A/C, No):	E02-2	44-1411	
The Underwriters Group, Inc. 1700 Eastpoint Parkway					E-MAIL ADDRESS:						
P.O. Box 23790					INSURER(S) AFFORDING COVERAGE					NAIC#	
Louisville, KY 40223					INSURER A: XL Specialty Insurance Company				37885		
NSURED Murphy + Graves + Trimble, PLLC					INSURER B:						
				INSURER C:							
3399 Tates Creek Road, #250 Lexington, KY 40502					INSURER D:						
Eckington, ki 10502					INSURER E:						
					INSURER F:						
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	/C DCC	N ICCUED TO		REVISION NUMBER:	IF DOI	ICY DEDICE	
IN Cl	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
								GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB COLIR							EACH COOLIDED IOF	-		
	EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$		
	CEATIVIO-IVIADE							AGGREGATE	\$ \$		
	WORKERS COMPENSATION							WC STATU- OTH-	D.		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							TORY LIMITS ER_ E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS bellow								\$		
А	Professional Liability			DPR9703880		05/11/2013	05/11/2014	Per Claim		00,000	
								Aggregate	3,00	00,000	
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	Attach.	LACORD 101, Additional Remarks :	Schedule	, if more space is	required)				
	ject: LFUCG - Public Safety Emerge	ency	Opera	ations Center							
115	Cisco Road, Lexington, KY										
CERTIFICATE HOLDER						CANCELLATION					
					CHOILD ANN OF THE ADOMEDIC CONTROL DOLLOWS						
Lexington-Fayette Urban County Government						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Attn: Todd Slatin 200 E. Main Street, 3rd FLoor					ACC	ACCORDANCE WITH THE POLICY PROVISIONS.					
Room 338					ALITUC						
Lexington, KY 40507						AUTHORIZED REPRESENTATIVE					
						Bune W Ferguson					