

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/20/2014

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).

<b>PRODUCER</b> <b>USI Midwest Cincinnati</b> <b>312 Elm Street, 24th Floor</b> <b>Cincinnati, OH 45202</b> <b>513 852-6300</b>	<b>CONTACT NAME:</b> Beth Malone <b>PHONE (A/C, No, Ext):</b> 513-852-6404 <b>FAX (A/C, No):</b> 610-537-4375 <b>E-MAIL ADDRESS:</b> beth.malone@usi.biz														
<b>INSURED</b> <b>O'Rourke Wrecking Co.</b> <b>660 Lunken Park Drive</b> <b>Cincinnati, OH 45226-1800</b>	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 453">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 453">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 453 1433 485"><b>INSURER A : Liberty Surplus Insurance Corpo</b></td> <td data-bbox="1433 453 1572 485"><b>10725</b></td> </tr> <tr> <td data-bbox="816 485 1433 516"><b>INSURER B : Starr Indemnity &amp; Liability Com</b></td> <td data-bbox="1433 485 1572 516"><b>38318</b></td> </tr> <tr> <td data-bbox="816 516 1433 548"><b>INSURER C : RSUI Indemnity Company</b></td> <td data-bbox="1433 516 1572 548"><b>22314</b></td> </tr> <tr> <td data-bbox="816 548 1433 579"><b>INSURER D : Chartis Specialty Insurance Com</b></td> <td data-bbox="1433 548 1572 579"><b>26883</b></td> </tr> <tr> <td data-bbox="816 579 1433 611"><b>INSURER E : Westfield Insurance Co.</b></td> <td data-bbox="1433 579 1572 611"><b>24112</b></td> </tr> <tr> <td data-bbox="816 611 1433 634"><b>INSURER F :</b></td> <td data-bbox="1433 611 1572 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Liberty Surplus Insurance Corpo</b>	<b>10725</b>	<b>INSURER B : Starr Indemnity &amp; Liability Com</b>	<b>38318</b>	<b>INSURER C : RSUI Indemnity Company</b>	<b>22314</b>	<b>INSURER D : Chartis Specialty Insurance Com</b>	<b>26883</b>	<b>INSURER E : Westfield Insurance Co.</b>	<b>24112</b>	<b>INSURER F :</b>	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

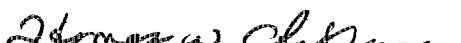
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input checked="" type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>			<b>100001618005</b>	<b>08/31/2013</b>	<b>08/31/2014</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$100,000</b> MED EXP (Any one person) <b>\$10,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> <b>Policy Agg.</b> <b>\$10,000,000</b>
<b>E</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>			<b>TRA6685152</b>	<b>08/31/2013</b>	<b>08/31/2014</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>			<b>1000020335</b>	<b>08/31/2013</b>	<b>08/31/2014</b>	EACH OCCURRENCE <b>\$10,000,000</b> AGGREGATE <b>\$10,000,000</b>
<b>C</b>	<input type="checkbox"/> <b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION \$0</b>			<b>NHA064824</b>	<b>08/31/2013</b>	<b>08/31/2014</b>	<b>Occ/Agg</b> <b>\$9,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> <b>Y/N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				<input type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>D</b>	<b>Pollution Liab.</b>			<b>CPO67927727</b>	<b>08/31/2013</b>	<b>08/31/2015</b>	<b>\$5,000,000 Limit</b>
<b>A</b>	<b>Ohio Stop Gap</b>			<b>100001618005</b>	<b>08/31/2013</b>	<b>08/31/2014</b>	<b>\$1,000,000 Limit</b>

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

The General Liability and Automobile Liability policies include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written contract with the named insured that requires such status, and only with regard to work performed by or on behalf of the named insured. General Liability additional insured forms CG2010 0704 and CG2037 0704 apply - copies attached. The General Liability coverage applies on a primary and noncontributory basis when required by (See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

<b>Lexington-Fayette Urban County</b> <b>Government (LFUCG)</b> <b>200 E. Main Street</b> <b>Lexington, KY 40507</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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## DESCRIPTIONS (Continued from Page 1)

written contract with the named insured subject to policy terms and conditions. The General Liability policy does not exclude XCU coverage.