



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/16/12

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 440-461-1101 NAME: Todd Associates, Inc. PHONE 440-446-0192 FAX (A/C, No): (A/C, No, Ext):
E-MAIL
ADDRESS:
PRODUCER
CUSTOMER ID #: EMSCO-1 23825 Commerce Park, Suite A Beachwood, OH 44122 Timothy P. Fitzpatrick INSURER(S) AFFORDING COVERAGE INSURED Emsco, Inc., Ohio Pool INSURER A : Cincinnati Insurance Company 10677 Equipment Supply, Inc. INSURER B dba O.P. Aquatics INSURER C 22350 Royalton Rd INSURER D Strongsville, OH 44149 INSURER E : INSURER F : **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSR WVD LIMITS GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) Α X | COMMERCIAL GENERAL LIABILITY CPP3652180 12/31/11 12/31/12 500,000 CLAIMS-MADE X OCCUR 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 5 X OH Stop Gap:\$1M GENERAL AGGREGATE 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 PRODUCTS - COMP/OP AGG \$ PRO-JECT POLICY Emp Ben. 1,000,000 \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT £ 1,000,000 (Ea accident) X ANY AUTO CPP3652180 12/31/11 12/31/12 BODILY NJURY (Per person) 4: ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED ALITOS 5 Æ UMBRELLA LIAB χ OCCUR 5,000,000 EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE 5,000,000 Α AGGREGATE g; CPP3652180 12/31/11 12/31/12 DEDUCTIBLE \$ Χ RETENTION \$ s. WORKERS COMPENSATION WCSTATU-TORYLIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA (Mandatory In NH) E.L. DISEASE - EA EMPLOYER # If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION LEXILE1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Lexington-Fayette Urban ACCORDANCE WITH THE POLICY PROVISIONS. County Government Division of Risk Management AUTHORIZED REPRESENTATIVE 200 E. Main St., Suite 925 Lexington, KY 40507