



# CERTIFICATE OF LIABILITY INSURANCE

OP ID FC

DATE (MM/DD/YYYY)

07/27/11

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><br><br>Creech & Stafford Ins Agcy Inc<br>465 E High Street, Suite #201<br>Lexington KY 40507<br>Phone: 859-253-1371 Fax: 859-233-9831 | <b>CONTACT NAME:</b>                             |                       |               |
|   | <b>PHONE (A/C, No, Ext):</b>                     | <b>FAX (A/C, No):</b> |               |
| <b>E-MAIL ADDRESS:</b>  |  |                       |               |
| <b>PRODUCER CUSTOMER ID #: SAFFI-1</b>  |  |                       |               |
| <b>INSURED</b><br><br>Saffire Cleaning Service LLC<br>Elizabeth Bobbitt<br>1450 N. Broadway<br>Lexington KY 40505                                     | <b>INSURER(S) AFFORDING COVERAGE</b>             |                       | <b>NAIC #</b> |
|   | <b>INSURER A:</b> Kentucky Employers Mutual Ins. |                       | 24074         |
|   | <b>INSURER B:</b> Ohio Casualty                  |                       |               |
|   | <b>INSURER C:</b> CNA Surety                     |                       |               |
|   | <b>INSURER D:</b>                                |                       |               |
|   | <b>INSURER E:</b>                                |                       |               |
| <b>INSURER F:</b>   |  |                       |               |

**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        | <input checked="" type="checkbox"/> GENERAL LIABILITY   |           |          | CBP4780181      | 01/24/11                | 01/24/12                | EACH OCCURRENCE                           | \$ 1000000 |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100000  |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                |           |          |                 |                         |                         | MED EXP (Any one person)                  | \$ 15000   |
|          |   |           |          |                 |                         |                         | PERSONAL & ADV INJURY                     | \$ 1000000 |
|          |   |           |          |                 |                         |                         | GENERAL AGGREGATE                         | \$ 2000000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |          |                 |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2000000 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |                 |                         |                         |   | \$         |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY                                      |           |          | BA4780178       | 01/24/11                | 01/24/12                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1000000 |
|          | <input checked="" type="checkbox"/> ANY AUTO  |           |          |                 |                         |                         | BODILY INJURY (Per person)                | \$         |
|          | <input checked="" 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  |           |          |                 |                         |                         |   | \$         |
|          | <input type="checkbox"/> UMBRELLA LIAB  |           |          |                 |                         |                         | EACH OCCURRENCE                           | \$         |
|          | <input type="checkbox"/> EXCESS LIAB  |           |          |                 |                         |                         | AGGREGATE                                 | \$         |
|          | <input type="checkbox"/> DEDUCTIBLE   |           |          |                 |                         |                         |   | \$         |
|          | <input type="checkbox"/> RETENTION \$   |           |          |                 |                         |                         |   | \$         |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |           |          | 373992          | 03/11/11                | 03/11/12                | WC STATUTORY LIMITS                       | OTHER      |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   |           |          |                 |                         |                         | E.L. EACH ACCIDENT                        | \$ 1000000 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 1000000 |
|          |   |           |          |                 |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 1000000 |
| C        | CNA/Western Surety  |           |          | 70339082        | 07/12/11                | 07/12/12                | Bond                                      | 5000       |
|          |   |           |          | JANITORIAL BOND |                         |                         |   |            |

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

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| LFUCG - Central Purchasing<br>Department<br>200 East Main Street<br>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<br><br>Creech & Stafford Insurance   |

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**EVIDENCE OF INSURABILITY**  
**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT PROJECT**  
 (Use separate form for each Agency or Brokerage agreeing to provide coverage)

Name Insured: Saffire Cleaning Service LLC

Employee ID: \_\_\_\_\_

Address: 1450 N. Broadway

Phone: \_\_\_\_\_

Lexington, KY 40505

Project to be insured: Recycling Center, Lexington, KY

In lieu of obtaining certificates of insurance at this time, the undersigned agrees to provide the above Named Insured with the minimum coverage listed below. These are outlined in the Insurance and Risk Management of Part V (Special Conditions), including all requirements, and conditions:

| Coverage | Minimum Limits and Policy Requirements                                  | Limits Provided To Insured | Name of Insurer             | A.M. Best's Code | Rating |
|----------|---|----------------------------|-----------------------------|------------------|--------|
| COL      | \$1,000,000/per occ \$2,000,000 aggregate                               | \$ 1,000,000/\$2,000,000   | Ohio Casualty Insurance Co. | 00726            | A      |
| AUTO     | \$1,000,000/per occ.  | \$ 1,000,000               | Ohio Casualty Insurance Co. | 00726            | A      |
| WC       | Statutory w/endorsement for Employer's Liability for \$500,000 per occ. | \$ 1,000,000               | Ohio Casualty Insurance Co. | 00726            | A      |

The Risk Management Provisions Insurance and Indemnification required provisions, statements regarding insurance requirements, and the undersigned agrees to abide by all provisions for the coverage's checked above unless stated otherwise when submitting.

Frleda Cyrus

Name of Authorized Representative  
 Commercial Lines Agent

Title

Authorized Signature

Date

July 27, 2011

Agency or Brokerage  
 465 East High Street, #210  
 Lexington  
 Street Address  
 Lexington, KY 40505  
 City State Zip  
 859-253-1371  
 Telephone Number

NOTE: Authorized signatures may be the agent's if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of authorized representative of insurer.  
**CONTRACT MAY NOT BE AWARDED IF A COMPLETED AND SIGNED COPY OF THIS FORM FOR ALL COVERAGE'S LISTED ABOVE IS NOT PROVIDED.**