FAX



PRODUCER

Logan Lavelle Hunt

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2013

(E03) 400 CO4

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). CONTACT NAME: PHONE

(E02) 400 coon

114̃20 Bluegrass Pkwy Louisville, KY 40299				(A/C, No, Ext): (302) 499-0000 (A/C, No): (302) 499- E-MAIL ADDRESS:					
				ins	SURER(S) AFFOI	RDING COVERAGE		NAIC#	
				INSURER A : Motoris		ns. Co.		14621	
INSL	JRED			INSURER B : KY AG	C-SIF			:	
	Plumbing Systems Inc	;		INSURER C :					
	Matthew C Green 834 Winchester Rd			INSURER D :					
	Lexington, KY 40505			INSURER E :					
				: INSURER F :					
ÇO	VERAGES	CERTIFICAT	TE NUMBER:			REVISION NUMBER	:		
C IV		ANY REQUIREN MAY PERTAIN	MENT, TERM OR CONDE N, THE INSURANCE AFF S. LIMITS SHOWN MAY HA BR	TION OF ANY CONTRA ORDED BY THE POLIC AVE BEEN REDUCED BY POLICY EFF	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES SED HEREIN IS SUBJEC	SPECT TO	WHICH THIS	
	GENERAL LIABILITY	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		;;		EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY	X :	3327992000	1/14/2013	1/14/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	5	100,000	
	CLAIMS-MADE X OCCUR	:				MED EXP (Any one person)	\$	5,000	
		:				PERSONAL & ADV INJURY	\$	1,000,000	
						GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AG	G \$	2,000,000	
	POLICY PRO-						\$		
	AUTOMOBILE LIABILITY			•		COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
Α	X ANY AUTO	Χ.	3327992000	1/14/2013	1/14/2014	BODILY INJURY (Per persor	1) \$		
	ALL OWNED SCHEDULE AUTOS AUTOS					BODILY INJURY (Per accide	nt) \$		
	X HIRED AUTOS X NON-OWNE	ED ;				PROPERTY DAMAGE (PER ACCIDENT)	\$		
		:					\$		
	X UMBRELLA LIAB OCCUR	!				EACH OCCURRENCE	s	1,000,000	
Α	EXCESS LIAB CLAIMS	-MADE	3327992000	1/14/2013	1/14/2014	AGGREGATE	\$	1,000,000	
	DED RETENTIONS	1					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- OT TORY LIMITS E			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N N/A	19187	1/1/2013	12/31/2013	E.L. EACH ACCIDENT	\$	4,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11/8	3			E.L. DISEASE - EA EMPLOY	EE \$	4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIM	IT S	4,000,000	
٨	Leased/Rented Equip		3327992000	1/14/2013	1/14/2014	Special		100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is listed as Additional Insured in respects to the General Liability Policy and Auto Liability policy.

CERTIFICATE HOLDER

CANCELLATION

LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT **Division of Risk Management** 200 EAST MAIN STREET **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

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DISPO-2 OP ID: BEL

DATE (MM/DD/YYYY)

04/08/13

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

Cermica	te moluer in hea of Such endorsements	5),		
PRODUCER Buckley & Co., Inc. 698 Perimeter Drive Lexington, KY 40517-4120 Thomas Buckley		Phone: 859-269-8002		
		Fax:	PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:	
			INSURER(S) AFFORDING COVERAGE	NAIC #
			INSURER A: Selective Insurance	19259
INSURED	Disponette Service Co Inc		INSURER B : KY AGC/SIF	
	717 Loudon Avenue Lexington, KY 40505	•	INSURER C:	
	Lexington, KT 40303		INSURER D :	
			INSURER E :	
			INSURER F:	
COVERA	GES CERTIFICA	TE NUMBER:	REVISION NUMBER:	

		7070		2 16 17	<i>></i> ,	. NONDLIX.			KEVIOION NOMBER.		
IN C	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 INSUR	ANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DDYYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		IERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GENERAL	L LIABILITY			S1924019	11/01/12	11/01/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE	X occur						MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	X	EPLI 100,000							GENERAL AGGREGATE	\$	3,000,000
	GEN	L'L AGGREGATE LIMIT AP	PLIES PER:						PRODUCTS - COMP/OP AGG	\$	3,000,000
		POLICY PRO- JECT	LOC						Emp Ben.	\$	1,000,000
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	Х	ANY AUTO				S1924019	11/01/12	11/01/13	BODILY INJURY (Per person)	\$	
		ALL OWNED X	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
										\$	
	Х	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	1,000,000
Α		EXCESS LIAB	CLAIMS-MADE			S1924019	11/01/12	11/01/13	AGGREGATE	\$	
		DED X RETENTION	v \$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY							X WC STATU- OTH- TORY LIMITS ER		
В	ANY	PROPRIETOR/PARTNER/BICER/MEMBER EXCLUDE	EXECUTIVE Y/N	N/A		8001	01/01/13	12/31/13	E.L. EACH ACCIDENT	\$	4,000,000
	(Mar	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	DES	s, describe under CRIPTION OF OPERATIO	NS below						E L DISEASE - POLICY LIMIT	\$	4,000,000
DESC	RIPT	ION OF OPERATIONS / L	OCATIONS I VEHICL	ES (A	tach A	CORD 101, Additional Remarks Schedule, i	f more space is re	quired)			

CEF	CERTIFICATE HOLDER CANCELLATION										

CERTIFICATE HOLDER	CANCELLATION
LEXFAY1 Lexington Fayette Urban Co Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

200 E Main Street Lexington, KY 40507

AUTHORIZED REPRESENTATIVE **Thomas Buckley**

@ 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/04/2013

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 BB&T Insurance Services, Inc.	CONTACT NAME: PHONE (AIC, No, Ext): 502 489-5900 FAX (AIC, No): 866-881-2185						
2600 Eastpoint Parkway (40223) P O Box 436869	E-MAIL ADDRESS:						
Louisville, KY 40253	INSURER A : Hartford Fire Insurance Company	19682					
INSURED	INSURER B: Liberty Mutual Insurance Compan	23043					
Alpha Mechanical Service Inc d/b/a Alpha Energy Solutions	INSURER C: Twin City Fire Insurance Compan	29459					
	INSURER D: Continental Casualty Company	20443					
7200 Distribution Drive	INSURER E :						
Louisville, KY 40258	INSURER F:						

COVERAGES

CERTIFICATE NUMBER:

Client#: 1197538

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 SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY		33UENOH2151	08/01/2012	07/01/2013	EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 500,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	s10,000
		4				PERSONAL & ADV INJURY	s1,000,000
						GENERAL AGGREGATE	s2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	4004				PRODUCTS - COMP/OP AGG	s 2,000,000
,	POLICY PRO- JECT LOC	-					\$
Α	AUTOMOBILE LIABILITY		33UENOH2150	08/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
	X ANY AUTO	İ				BODILY INJURY (Per person)	s
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
l	X HIRED AUTOS X NÓN-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							S
В	X UMBRELLA LIAB X OCCUR		TH7651290888012	08/01/2012	07/01/2013	EACH OCCURRENCE	s 6,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s6,000,000
	DED X RETENTION \$0	194					\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		33WEOH2149	08/01/2012	07/01/2013	X WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	s1,000,000
l	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	s 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s1,000,000
D	Inst Floater		5088277303	08/01/2012	07/01/2013	\$360,000 Limit	
	Leased/Rented		5088277303	08/01/2012	07/01/2013	\$200,000 Limit	
	Equipment	1				\$1,000 Deductible	

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

Proprietors/Partners/Executive Officers/Members Excluded:

Joe Rhodes

CEDTIEICATE UOI DED

GERTHIOATETIGEBER	CANOLLEATION
LFUCG 200 E. Main 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
	MYBHU

CANCELLATION

© 1988-2010 ACORD CORPORATION. All rights reserved.

^{**} Workers Comp Information **



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2013

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).

	CONTACT Wilma Devers	
Energy Insurance Agency Inc	PHONE (A/C, No. Ext): (859) 273-1549 FAX (A/C, No): (859) 2	72-0075
PO Box 55268	E-MAIL ADDRESS: wdevers@energyinsagency.com	,
	INSURER(S) AFFORDING COVERAGE	NAIC#
Lexington KY 40555	INSURER A :FCCI	10178
INSURED	INSURER B LIBERTY MUTUAL INS CO	23043
Finney Company, Inc.	INSURER C FIREMANS FUND INS CO, Allianz	21873
1132 Finney Dr.	INSURER D:	
	INSURER E :	
Lexington KY 40511	INSURER F:	

COVERAGES CERTIFICATE NUMBER:CL1332617768 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.

1				SUBR	LIMITS SHOWN WAT HAVE BEEN			,		
INSR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GEI	NERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A		CLAIMS-MADE X OCCUR			CPP000B105 06	4/1/2013	4/1/2014	MED EXP (Any one person)	\$	5,000
	X	Blkt Add'l Insd					1	PERSONAL & ADV INJURY	\$	1,000,000
	Х	Blkt Waiver Subrog					;	GENERAL AGGREGATE	\$	2,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY X PRO- JECT LOC							\$	
	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
A	X	ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS			CA 0010441 5	4/1/2013	4/1/2014	BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Underinsured motorist	\$	1,000,000
	X	UMBRELLA LÍAB OCCUR						EACH OCCURRENCE	\$	9.000,000
В		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	9,000,000
		DED RETENTIONS			TH7681035089011	4/1/2013	4/1/201412		\$	
A		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER		· · · · · · · · · · · · · · · · · · ·
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	500,000
	(Ma	ndatory in NH)	111.23		WC00000020 06	4/1/2013	4/1/2014	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
С	st	ored Materials			MZI93029980	4/1/2013	4/1/2014	\$750,000		
	Le	ased & Rented						\$200,000		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
Certificate holder is hereby added as Additional Insured on the General Liability and Auto Liability
Coverages.

CERTIFICATE HOLDER	CANCELLATION
Lexington Fayette Urban County Government 200 E. Main	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE
	Wilma Devers/WILMA Cellona Owers

5136796830

CERTIFICATE OF LIABILITY INSURANCE

OP ID: #

DATE (MIMOD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS THIS CERTIFICATE TO ISSUED AS A MATTER OF INFORMATION UNLT 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(les) must be andersed. 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 PRODUCER 513-831-2200 GONTAGT Dakin-Berry Insurance 706 Indian Hill Road Terrace Park, OH 45174 Phil R. Hines 513-831-2983 CUSTOMER TO # TRITO-1 INSURER(E) AFFORDING COVERAGE INSURED Triton Services Inc. NAIC # MSURER A: Cincinnati Insurance Company Majid Samarghandi 8162 Duke Drive INSURER B Mason, OH 45040 INSURER C MEURER D HEURER E HISURER F; COVERAGES CERTIFICATE 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. POLICY EXP LIK POLICY NUMBER GENERAL LIABILITY LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrenca) A X COMMERCIAL GENERAL LIABILITY 1,000,000 EPP0066987 02/17/11 02/17/14 CLAIMS-MAGE X OCCUR 500,000 MED EXP (Any one person) X Underground E.C.H 10,000 PERSONAL & ADV INJURY X Broad Form PD 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2,000,000 POLICY X 課於 PRODUCTS . COMP/OP AGG 2,000,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Es scrident) X ANY AUTO EPA0086987 \$ 1,000,000 02/17/14 02/17/11 ALL OWNED AUTOS SODILY INJURY (Par parson)

SCHEDULED AUTOS BODILY INJURY (Par accident) HIRED AUTOS PROPERTY DAMAGE NON-CHANED YOLLOR COMP DED 1.000 COLL DED X UMBRELLA LIAB OCCUR 1,000 FXCESS LIAB EACH OCCURRENCE CLAIMS-MADE 5,000,000 EPP0066987 02/17/11 AGGREGATE DEDUCTION 02/17/14 5,000,000 RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETORIAATNER/EXECUTIVE (
OFFICERMEMBER EXCLUDED) X TORY LIMITS X OTH WC1814596-06 - KY 02/01/12 02/01/13 EL. EACH ACCIDENT EPP0066987 1,000,000 (mandator) if yes, describe under DESCRIPTION OF OPERATIONS below 02/17/11 02/17/14 E.L. DIBEASE - EA EMPLOYER 1,000,000 Rented/Leassed Equ EPP0086967 E.L. DISEASE - POLICY LIMIT 1,000,000 02/17/11 02/17/14 Special 350,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more epace is required

	CANCELLATION
Triton Services, Inc. 8162 Duke Drive Mason, OH 45040	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Phil R. Hines

ACORD 25 (2009/09)

CERTIFICATE HOLDER

© 1988-2009 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD