



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JW

DATE (MM/DD/YYYY)

01/31/12

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 Insuramax, Inc. Keystone Insurers Grp 2200 Greene Way Louisville, KY 40220-4026 Chad A. Hennessey		502-459-7500 502-459-2615	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MORGA-1
INSURED Morgan Electric Motor Sales & Service, Inc. 7000 International Drive Louisville, KY 40258	INSURER(S) AFFORDING COVERAGE		NAIC # 19259
		INSURER A : KESA INSURER B : Selective Insurance INSURER C : INSURER D : 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

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY									
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			X		\$1991494	08/01/11	08/01/12	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input checked="" type="checkbox"/> Emp Benefit Liab					\$1991494	08/01/11	08/01/12	MED EXP (Any one person) \$ 5,000	
GEN'L AGGREGATE LIMIT APPLIES PER:										
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC							PERSONAL & ADV INJURY \$ 1,000,000
										GENERAL AGGREGATE \$ 2,000,000
										PRODUCTS - COMP/OP AGG \$ 2,000,000
										\$
B	AUTOMOBILE LIABILITY									
	<input checked="" type="checkbox"/> ANY AUTO					\$1991494	08/01/11	08/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS									
	<input type="checkbox"/> SCHEDULED AUTOS									
	<input type="checkbox"/> HIRED AUTOS									
	<input type="checkbox"/> NON-OWNED AUTOS									
										BODILY INJURY (Per person) \$
									BODILY INJURY (Per accident) \$	
									PROPERTY DAMAGE (Per accident) \$	
									Underinsured \$ 1,000,000	
									Uninsured \$ 1,000,000	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB									
	<input type="checkbox"/> EXCESS LIAB					\$1991494	08/01/11	08/01/12	EACH OCCURRENCE \$ 4,000,000	
	<input type="checkbox"/> DEDUCTIBLE								AGGREGATE \$ 4,000,000	
	<input checked="" type="checkbox"/> RETENTION \$								\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					3391	07/28/11	02/19/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below				N/A				E.L. EACH ACCIDENT \$ 2,000,000	
									E.L. DISEASE - EA EMPLOYEE \$ 2,000,000	
									E.L. DISEASE - POLICY LIMIT \$ 2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is an additional insured as indicated per written agreement. Limited pollution liability per form CG0001-12/07 attached

CERTIFICATE HOLDER LEXING- Lexington Fayette Urban County Government Building Inspection 200 E. Main Lexington, KY 40507	CANCELLATION 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
--	--