

CERTIFICATE OF LIABILITY INSURANCE

OPID FC

DATE (MM/DD/YYYY)

10/11/12

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	CUNTACI				
	NAME:				
Creech & Stafford Ins Agey Inc	PHONE FAX (A/C, No, Ext): (A/C, No):				
210 Malabu Drive, Suite 200	E-MAIL ADDRESS:				
Lexington KY 40502-3252	PRODUCER CUSTOMER ID #: JVCON-1				
Phone:859-253-1371 Fax:859-233-9831	INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED I S IV Contraction I I C	INSURER A: Ohio Casualty	24074			
J & V Contracting LLC James Hall 415 Verna Drive Winchester KY 40391	INSURER B: Kentucky Employers Mutual Ins.				
	INSURER C:				
	INSURER D:				
	INSURER E :				
OOVERAGES	INSURER F:				

	•					IN	ISURER F :				
		AGES				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.											
NSA	_	TYPE OF INSURA	ANCE	INSR	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X	CLAIMS-MADE X	LUABILITY OCCUR			CBP1012473	11/18/11	11/18/12	EACH OCCURRENCE DAMAGE TO HENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 100 \$ 100 \$ 150	
				x					PERSONAL & ADV INJURY	\$ 100	
									GENERAL AGGREGATE	\$ 200	
		LEGUEN PRO-							PRODUCTS - COMP/OP AGG	\$ 100	0000
	X	POLICY JECT	roc							\$	
A	AUI	OMOBILE LIABILITY ANY AUTO				D7 101 COCO			COMBINED SINGLE LIMIT (Ea accident)	\$ 100	0000
n		ALL OWNED AUTOS				BA1016060	11/26/11	11/26/12	BODILY INJURY (Per person)	\$	
	х	SCHEDULED AUTOS		x					BODILY INJURY (Per accident)	\$	
	x	HIRED AUTOS		^					PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS		Ì						\$		
										\$	
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$	
		DEDUCTIBLE								\$	
В	WO	RETENTION \$				205105				\$	
•	AND	EMPLOYERS' LIABILITY	Y/N			385105	03/09/12	03/09/13	X WC STATU- X OTH- TORY LIMITS X ER		
	OFF	PROPRIETOR/PARTNER/ICER/MEMBER EXCLUDED	EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 500	000
	If ve	ndatory in NH) s, describe under	<u></u>				{		E.L. DISEASE - EA EMPLOYEE	\$ 500	000
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	s 500	000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
LFUCG is listed as an Additional Insured. In the event any of the above policies are cancelled or non-renewed, we will endeavor to provide at least 30 days advance written notice via certified mail, return receipt requested.

CERTIFICATE HOLDER	CANCELLATION			
LFUCG Division of Central Purchasing 200 East Main Street Room 338 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 Andrew C. Strickland III			

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E.L. DISEASE - POLICY LIMIT | \$ 500000