ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/28/2014

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	CONTACT NAME:		
Blue Grass Insurance Agency, Inc.	PHONE (A/C, No, Ext): 859.543.0050 FAX (A/C, No): 859.5	. 543 . 9699	
2560 Richmond Road	E-MAIL ADDRESS:		
Suite 200	INSURER(S) AFFORDING COVERAGE	NAIC #	
Lexington, KY 40509	INSURER A: American Fire and Casualty Co.	24066	
INSURED CMTA Inc.	INSURER B: Liberty Mutual Insurance	24074	
10411 Meeting Street	INSURER C: KESA		
Prospect, KY 40059	INSURER D :		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 2014/2015 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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY		BKA55500747	03/01/2014	03/01/2015	EACH OCCURRENCE	\$ 1,000,0	000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0	000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 15,0	00
Α						PERSONAL & ADV INJURY	\$ 1,000,0	000
						GENERAL AGGREGATE	\$ 2,000,0	000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,0	000
	POLICY X PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY		BA8755867	03/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	00
	X ANY AUTO					BODILY INJURY (Per person)	\$	
В	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	X UMBRELLA LIAB X OCCUR		CU8756267	03/01/2014	03/01/2015	EACH OCCURRENCE	\$ 5,000,0	000
В	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,0	00
	DED X RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC100-0016193-2014A	03/01/2014	03/01/2015	X WC STATU- TORY LIMITS ER		
_	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 2,000,0	00
١	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	\$ 2,000,0	00
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 2,000,0	00
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	IES (Attach	ACORD 101 Additional Remarks Schodule	if more enace is	roquirod)	•		

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

RFP #34-2014

CENTIFICATE HOLDEN	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.					
Lexington-Fayette Urban County Government Room 338, Government Center	AUTHORIZED REPRESENTATIVE					
200 East Main Street Lexington, KY 40507	Scott Pippen/LAK					

CANCELLATION

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CERTIFICATE LIGHTER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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				CONTACT NAME:						
					PHONE FAX					
	Underwriters Group, Inc.				(A/C, No, Ext): 502-244-1343 (A/C, No): 502-244-141					44-1411
	0 Eastpoint Parkway . Box 23790				ADDRES		LIDED(C) AFFOR	IDING COVERAGE		NAIC #
	isville, KY 40223							NOING COVERAGE		NAIC# 37885
INSU	RED						Clarty Ins	urance Company		37005
	A, Inc.				INSURE					
242	9 Members Way				INSURE					
	ington, KY 40504				INSURE					
					INSURER E:					
					INSURER F:					
				NUMBER:				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE									
CE	RTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE	D HEREIN IS SUBJECT TO		
E)	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.	<u></u>		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO- LOC							TRODUCTO-COMITION THEO	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
								(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	LIMPOPELLALIAD								-	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							WC STATU- OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Professional Liability			DPR9710709		12/30/2013	12/30/2014	Per Claim		00,000 00,000
								Aggregate	2,00	10,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach .	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
Reg	arding: RFP No. #34-2014									
CEI	RTIFICATE HOLDER				CANC	YELL ATION				
CEI	THI ICATE HOLDER				CANC	ELLATION				
Lexington-Fayette Urban County Government					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELI	_ED BEFORE
Room 338, Government Center				THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL E			
200 East Main Street				ACCORDANCE WITH THE POLICY PROVISIONS.						
200	Last name beleet				ALITHE		NIT 8 TI) (F			
Levington KV 40507			AUTHORIZED REPRESENTATIVE							
Lexington, KY 40507					Bune W Fergwor					

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