

CERTIFICATE OF LIABILITY INSURANCE

OP ID DE

DATE (MM/DD/YYYY)
04/03/13

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 certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:				
Schiff, Kreidler-Shell, Inc.		PHONE FAX				
Gallagher SKS		(A/C, No, Ext):		(A/C, No):		
_		E-MAIL				
1 West Fourth St. Suite 1300		ADDRESS:				
Cincinnati OH 45202		PRODUCER CUSTOMER ID #:	GJPEP-1			
Phone: 513-977-3100		INSURER(S) AFFORDING COVERAGE		NAIC #		
INSURED		INSURER A:	The Cincinnati Insurance Co		10677	
G&J Pepsi-Cola Bottler 9435 Waterstone Blvd.		INSURER B:				
Suite 390		INSURER C:				
Cincinnati OH 45249		INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES CER	RTIFICATE NUMBER:		REVISION NUM	BER:		

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.

SR TR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A	X COMMERCIAL GENERAL LIABILITY			COP2315876	11/01/12	11/01/13	PREMISES (Ea occurrence)	\$ 500,000
	X BROAD FORM VENDOR						MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 10,000 \$ 1,000,000
	X PRODUCT LIABILITY	_					GENERAL AGGREGATE \$ 2,000,00 PRODUCTS - COMPIOP AGG \$ 2,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	X POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
7	X ANY AUTO			COP2315876	11/01/12	11/01/13	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS							\$
							\$	
	UMBRELLA LIAB X OCCUR			COP2315876	11/01/12	11/01/13	EACH OCCURRENCE	s 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
	DEDUCTIBLE						\$	
	RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			COP2315876	11/01/12	11/01/13	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	1/A				E.L. EACH ACCIDENT	\$ 500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	→ [E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER	CAN	ICELLATION

FAYET-5

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Fayette Co. Parks & Recreation Division of Central Purchasing 200 East Main St.

Lexington KY 40507

AUTHORIZED REPRESENTATIVE

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