

CERTIFICATE OF INSURANCE

The insurance Company indicated below certifies that the Insurance afforded by the policy numbered and described below is in force as the effective date of this certificate. This Certificate of Insurance does not amend, extend or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy or policies numbered and described below.

Certificate Holder's Name and Address:
LEXINGTON FAYETTE URBAN CO. GOV
200 EAST MAIN ST
LEXINGTON, KY 40507

Insured's Name and Address:
LEAK ELIMINATORS, LLC
604 BIZZELL DRIVE
LEXINGTON, KY 40510

TYPE OF INSURANCE	POLICY NUMBER AND ISSUING COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY (*Limits at Inception)
GENERAL LIABILITY X Premises - Operations X Products - Completed Operations Endorsement X Explosion-Collapse Undergroud Endorsement X Personal & Advertising Injury X Medical Expense X Fire Damage Legal X Pollution Liability Endorsement X Garage Liability - Premises	ACP 5606263687 NATIONWIDE MUTUAL INSURANCE COMPANY	08/03/13	08/03/14	General Aggregate* \$ 2,000,000 Pr. Comp. OP. Agg.* \$ 2,000,000 Each Occurrence \$ 1,000,000 Any One Person/Org. \$ 1,000,000 Any One Person \$ 5000 Any One Fire \$ 100,000 \$ 1,000,000 Each Accident \$ 100,000 Aggregate*
AUTOMOBILE LIABILITY # X Business Auto X Garage X Owned X Hired X Non-Owned # Fill-in either Combined Single Limits or Split Limits	ACP 5606263687 NATIONWIDE INSURANCE COMPANY	08/03/13	08/03/14	Bodily Injury (Each Person) \$ 1,000,000 (Each Accident) \$ 1,000,000 Property Damage (Each Accident) \$ 1,000,000 Combined Single Limit \$ 1,000,000
EXCESS LIABILITY X Umbrella Form	ACP 5606263687 NATIONWIDE INSURANCE COMPANY	08/03/2013	08/03/2014	Each Occurrence \$ 5,000,000 Aggregate* \$ 5,000,000
X Workers Compensation and X Employers' Liability	 AGC	08/03/2013	08/03/2014	Statutory Limits Bodily Injury Ea. Accident by Accident \$ 1,000,000 Bodily Injury Each Employee by Disease \$ 1,000,000 Bodily Injury Policy Limit by Disease \$ 1,000,000

Insurance in force only for hazards indicated by X.

Description of
 Operations/Locations/
 Vehicles/Restrictions/
 Special Item

Date Certificate Issued:08/05/13

Authorized Representative:
 Countersigned at:

Renee Jackson Miller
 1099 S Broadway, Ste 180, Lexington, KY 40504