



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KK

DATE (MM/DD/YYYY)

04/03/2013

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).

<b>PRODUCER</b> <b>Lebanon</b> <b>706 Indian Hill Road</b> <b>Terrace Park, OH 45174</b> <b>Phil R. Hines</b>		<b>Phone: 513-831-2200</b> <b>Fax: 513-831-2963</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> <b>TRITO-1</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> <b>Triton Services Inc.</b> <b>Majid Samarghandi</b> <b>8162 Duke Drive</b> <b>Mason, OH 45040</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Cincinnati Insurance Company</b>		<b>10677</b>	
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			
	<b>INSURER F :</b>			

**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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X		EPP0066987	02/17/2011	02/17/2014	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>10,000</b>
	<input checked="" type="checkbox"/> <b>Underground E,C,H</b>						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> <b>Broad Form PP</b>						GENERAL AGGREGATE \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	<b>AUTOMOBILE LIABILITY</b>			EPA0066987	02/17/2011	02/17/2014	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						<b>COMP DED</b> \$ <b>1,000</b>
<input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>COLL DED</b> \$ <b>1,000</b>						
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			EPP0066987	02/17/2011	02/17/2014	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$ <b>5,000,000</b>
	<input type="checkbox"/> <b>DEDUCTIBLE</b>						\$
	<input type="checkbox"/> <b>RETENTION</b> \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		N/A	WC1814696-06 KY, IN, PA EPP0066987	02/01/2013 02/17/2011	02/01/2014 02/17/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
A	<b>Rented/Leased Equipment</b>			EPP0066987	02/17/2011	02/17/2014	<b>Special</b> <b>350,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certificate holder is named as an additional insured with respects to the LFUCG HVAC Piping Repair Phoenix Building.

**CERTIFICATE HOLDER****CANCELLATION**

<b>LFUCGCO</b>  <b>LFUCG, Contactors Registration</b> <b>200 E. Main Street</b> <b>Lexington, KY 40507</b>	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 <b>Phil R. Hines</b>
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