41PAULMILLER1

Client#: 118736

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2012

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 Sandy Balck				
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No): 859				
Powell-Walton-Milward	E-MAIL ADDRESS: sblack@pwm-jsl.com				
P O Box 2030	INSURER(S) AFFORDING COVERAGE				
Lexington, KY 40588	INSURER A: Cincinnati Insurance Co.				
INSURED	INSURER B: KESA, The Kentucky WC Fund				
Beasley Digital Printing 973 Beasley Street, #130	INSURER C:				
• •	INSURER D:				
Lexington, KY 40505	INSURER E :				
	INSURER F:				

	INSURER E :							
<u> </u>				INSURER F :				
CO	VERAGES CER	TIFICATE	NUMBER:	REVISION NUMBER:				
C	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)	LIMIT	S		
Α	GENERAL LIABILITY		CPP3651158			EACH OCCURRENCE	s1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,0	000
	CLAIMS-MADE X OCCUR			MED EXP (Any one person) \$5,000)		
						PERSONAL & ADV INJURY	s1,000),000
						GENERAL AGGREGATE	\$2,000	
l	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000	0,000
L	POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	ş	
ŀ	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS	144 A				BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							s	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	
<u> </u>	DED RETENTIONS						s	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC10000111872012A	06/30/2012	06/30/2013	X WC STATU- OTH-		
ANV PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT	s2,000	,000
						E.L. DISEASE - EA EMPLOYEE	s2,000	,000
						E.L. DISEASE - POLICY LIMIT	s2,000	,000
Α	Garage		CPP3651158	01/01/2012	01/01/2013	See Below		
	Liability		- A Water					
L								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks S	Schedule, if more space I	s required)			
	Sarage Liability **							
	o Only Limit: 1,000,000							
	ch Accident Other Than Auto Only	/: 1,000 <mark>,</mark> (000					
Aggregate Limit: 3,000,000								
Hired/Non-Owned								
(See Attached Descriptions)								
CERTIFICATE HOLDER CANCELLATION								

CERTIFICATE HOLDER	CANCELLATION
Lexington Fayette Urban County Government 200 E. Main Street	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, KY 40507	AUTHORIZED REPRESENTATIVE
	A More