

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM DD YYYY) 7/21/2014

THIS CERTIFICATEIS 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 SUBROGATIONIS 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 florder in fied of such endorsement(s).		
PRODUCER	CONTACT NAME	
AUTOMATIC DATA PROCESSING INS/PAC	PHONE	
250815 P: F:	E-MAIL ADDRESS	
PO BOX 33015	INSURER(S) AFFORDING COVERAGE	NAIC#
SAN ANTONIO TX 78265	INSURERA: Sentinel Ins Co LTD	11000
INSURED	INSURER B:	
	INSURER C :	
SAFFIRE CLEANING SERVICE LLC	INSURER D	
133 ANGEL FALLS DR	INSURER E :	
LEXINGTON KY 40511	INSURER F	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE	

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

VSR TR	TYPE OF INSURANCE	ADDL INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000
Ì	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
A	X General Liab		76 SBU RV0964	06/11/2014	06/11/2015	MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
ı	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER						ŝ
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	ş
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	s
28							\$
	UMBRELLA LIAB OCCUR	10000				EACH OCCURRENCE	¢.
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s
	DED RETENTION \$						s
	WORKERS COMPENSATION 4ND EMPLOYERS LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	Ģ
	(Mandatory in NH)	N/A				E.L. DISEASE- EA EMPLOYEE	s
	If yes, describe under DESCRIPTION OF OPERATIONS below		20.000		Sometime of the second section of the se	E.L. DISEASE - POLICY LIMIT	s

Those usual to the Insured's Operations.

CERTIFICATE HOLDER	CANCELLATION
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LFUCG Streets and Roads, Downtown Art Center, E911

**AUTHORIZED REPRESENTATIVE** 200 E MAIN ST LEXINGTON, KY 40507

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

Taellor



## **CERTIFICATE OF LIABILITY INSURANCE**

7/22/2014

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 Automatic Data Processing Insurance Agency, Inc PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): 1 ADP Boulevard Roseland, NJ 07068 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Travelers Property Casualty Company of Am INSURED Saffire Cleaning Services Llc INSURER B : 2333 Alexandria Dr INSURER C: Lexington, KY 40504 INSURER D: INSURER E : INSURER F: 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSR WVD **GENERAL LIABILITY** EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE S GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$ PRO-JECT POLICY \$ COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) 5 SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE HIRED AUTOS \$ **AUTOS** S UMBRELLA LIAB OCCUR EACH OCCURRENCE 5 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ S WORKERS COMPENSATION X WC STATU-AND EMPLOYERS' LIABILITY IEUB5E52590714 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 5/1/2014 5/1/2015 1,000,000 E.L. EACH ACCIDENT Y N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ of yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Street And Roads, Downtown Art Center, E911	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, 200 E. Main Stree Lexington, KY 40507-	AUTHORIZED REPRESENTATIVE

		auceno no nici	TE UDON TO		07/20/14		
HIS CERTIFICATE IS ISSUED AS A MATTER OF INFOI ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATI IELOW. THIS CERTIFICATE OF INSURANCE DOES NO	IVELY AMEND, EXTENI OT CONSTITUTE A COI	OR ALTER THE	COVERAGE	AFFORDED BY THE POLI	CIES		
EPRESENTATIVE OR PRODUCER, AND THE CERTIFIED IN A REPORTANT: If the certificate holder is an ADDITIONAl terms and conditions of the policy, certain policies	L INSURED, the policy	lies) must be endo sement. A statem	ent on this ce	ROGATION IS WAIVED, s	ubject to rights to the		
ertificate holder in lieu of such endorsement(s).	100	RIACI					
	11.2	ME:		FAX (A.C. No):			
Creech & Stafford Ins Agey Inc 210 Malabu Drive, Suite 200	(A	C. No. Ext): MAIL DORESS:					
Lexington KY 40502-3252		SAF	FI-l				
		nesi	JRER(S) AL FORE	ING COVERAGE	NAIC #		
RED		SURERA: Libe	rty Mutu	al Insurance	24074		
Saffire Cleaning Service LLC Elizabeth Bobbitt 133 Angel Falls Drive Lexington RY 40511		SURER B Feature	ky Employers !	utual ins.			
		SURER C:					
		ISURER D					
		ISURER F:			# # # # # # # # # # # # # # # # # # #		
VERAGES CERTIFICATE NUM				REVISION NUMBER:			
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XCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN		- DOLINA EEE	POLICY ED P	LIBITS			
TYPE OF RISURANCE MISR WYD GENERAL LIABILITY	POLICY NUMBER	(MMA DD. YYYY)	(mario 1111)	EACH CCCURRENCE			
COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (La occurrence)	<b>S</b>		
CLAIDS MADE OCCUR				MED EXP (Any one person)	3		
				PERSONA . & ADVINURY			
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GEN! AGGREGATE UNIT APPLIES PER				PADDUCIS-COTA DE AGG	5 3 —		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$ 1000000		
	4780178	01/24/14	01/24/13	(Ea accident)  BOOILY INJURY (Per person)			
X. ALL DWINED AUTOS				BODILY INJURY (Per accident)			
SCHEDULED AUTOS		4		PROPERTY CANAGE			
HIRED AUTOS				(Per acodent)			
NON OWNED AUTOS					3		
IMARELA UAB DOGIR			1	EACH OCCURRENCE	3		
ENCESS LANS CLARLS-VADE				AGGREGATE	s		
OEDUCTIBLE					5		
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WORKERS COMPENSATION AND EMPLOYERS LIMBULTY Y N				TORY LIMITS ER	•		
ANY PROPRIETOR PARTNER EXECUTIVE N.A			1	EL DISEASE - EA EMPLOYE	<u>.                                    </u>		
(Mandatory in 10%)				EL DISEASE - POLICY LINET			
R pais concribe under CESCRIPTION OF OPERATIONS celow			1				
SCRIPTION OF OPERATIONS LOCATIONS VEHICLES (Atlach A	CORD 101, Additional Remark	s Schedule, if more sp	ace is required)				
ERTIFICATE HOLDER		CANCELLATIO	N				
		THE EXPIRATION ACCORDANCE TO	DATE THEREO!	CRIBED POLICIES BE CANCEL NOTICE WILL BE DELIVERED PROVISIONS.	LED BEFORE IN		
Division of Central Purch	asing	AUTHORIZED REPRESENTATIVE					
200 E. Main St. Lexington KY				Insurance			
AND		ià 1988-2009 ACORD CORPORATION. All rights reserved.					