



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/12

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> Carroll & Stone Insurance Services 4384 Clearwater Way, Suite 200 Lexington, KY 40515 Scott Cole	<b>859-269-1044</b> <b>859-276-0266</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Grange Insurance</b>		<b>14060</b>
	<b>INSURER B : Kentucky A.G.C.</b>		
	<b>INSURER C : American Safety Ins.</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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	<b>CPP 2635391</b>  <b>COVERAGE IS PRIMARY</b>	08/03/11	08/03/12	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>					
	MED EXP (Any one person) \$ <b>10,000</b>					
	PERSONAL & ADV INJURY \$ <b>1,000,000</b>					
	GENERAL AGGREGATE \$ <b>2,000,000</b>					
PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>						
Emp Ben. \$ <b>1,000,000</b>						
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	<b>CPP 2635391</b>	08/03/11	08/03/12	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$					
	BODILY INJURY (Per accident) \$					
	PROPERTY DAMAGE (Per accident) \$					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$		<b>CUP 2635392</b>	08/03/11	08/03/12	EACH OCCURRENCE \$ <b>5,000,000</b>
	AGGREGATE \$					
	\$					
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<b>7722-0</b>	01/01/12	12/31/12	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ <b>4,000,000</b>					
	E.L. DISEASE - EA EMPLOYEE \$ <b>4,000,000</b>					
C	<b>POLLUTION LIABIT</b>		<b>TO BE ASSIGNED</b>	04/19/12	04/19/13	LIMIT \$ <b>1,000,000</b>
	DEDUCTIBL \$ <b>5,000</b>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**LFUCG IS NAMED AS ADDITIONAL INSURED RE GENERAL LIABILITY AND AUTO LIABILITY COVERAGES. 30 DAY NOTICE OF CANCELLATION APPLIES.**  
**RE: BID #27-2012- 2012 SANITARY SEWER CLEANING PROGRAM.**

<b>CERTIFICATE HOLDER</b>  <b>LFUCG02</b>  <b>LFUCG - Division of Risk Management</b> <b>200 East Main St.</b> <b>Lexington, KY 40507</b>	<b>CANCELLATION</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>Scott Cole</b> 
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