

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/28/2015

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(les) 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)

certificate holder in lieu of such endorsement(s). PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 10 Columbus Boulevard Hartford CT 06106					CONTACT Monique Normandy PHONE (A/C, No, Ext): 860-251-6310 E-MAIL ADDRESS: FAX (A/C, No): 860-616-2776					
				<u> </u>			DING COVERAGE		NAIC#	
					INSURER A :Arch Insurance Company				11150	
Kalkreuth Roofing & Sheet Metal, Inc. 2131 Capstone Drive Lexington, KY 40574					INSURER B : American Guarantee and Liability In				26247	
					INSURER C:					
					RD:					
					RE:					
				INSURE	RF:			,		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	S OF REQUIF PERT H POLI	INSUI REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	VE BEE! OF ANY ED BY	CONTRACT THE POLICIE EDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO	WHICH THIS	
TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			ZAGLB9198500		5/1/2015	5/1/2016	DAMAGE TO RENTED	\$1,000,000 \$100,000		
							MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$2,000	,000	
POLICY X PRO-	1						PRODUCTS - COMP/OP AGG	\$2,000	,000	
OTHER:								\$		
AUTOMOBILE LIABILITY			ZACAT9221800	į	5/1/2015	5/1/2016	COMBINED SINGLE LIMIT (Es scodent)	\$1,000	.000	
X ANY AUTO							BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS							, ,	\$		
X HIRED AUTOS X NON-OWNED AUTOS		,		1			PROPERTY DAMAGE (Per accident)	S		
								\$		
X UMBRELLA LIAB X OCCUR		1	SXS0115475-00		5/1/2015	5/1/2016	EACH OCCURRENCE	\$12,00	0,000	
X EXCESS LIAB CLAIMS-MA	DE						AGGREGATE	\$12,00	0,000	
DED X RETENTION \$ 10,000								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ZAWCI9348400		5/1/2015	5/1/2016	X PER OTH-			
ANY PROPRIETOR/PARTNER/EXECUTIVE N							E L EACH ACCIDENT \$1,000		,000	
(Mandatory in NH)	4	ì					E.L. DISEASE - EA EMPLOYEE	\$1,000	,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000,	
SCRIPTION OF OPERATIONS / LOCATIONS / VE	,								_ _	
UCG Division of Central Purchasir	y is in	CILIGE	eu as Additional Insured	on the	Generai Li	аошцу ропсу	, as per the attached.			
CERTIFICATE HOLDER					CANCELLATION					
LFUCG Division of Central Purchasing 200 East Main St. Lexington KY 40507 USA					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED I ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					