

PRODUCER Phone: 330-494-5923 Fax: 330-494-4330  
**COX & DERVIN INSURANCE**  
 1225 S MAIN STREET SUITE E  
 NORTH CANTON OH 44720

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

**NAIC #**

INSURED  
**IRON ARMOUR, LLC**  
 1290 FOX LANE  
 MOGADORE OH 44260

INSURER A: <b>Auto Owners Insurance</b>	18988
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		<b>GENERAL LIABILITY</b>	TBA	10/28/13	10/28/14	EACH OCCURRENCE \$ 1,000,000			
		<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				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED. EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Not Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ Not Included			
A		<b>AUTOMOBILE LIABILITY</b>	4338059100	03/17/13	03/17/14	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000			
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
		<b>GARAGE LIABILITY</b>							AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<input type="checkbox"/> ANY AUTO							
A		<b>EXCESS / UMBRELLA LIABILITY</b>	433805105	03/13/13	03/13/14	EACH OCCURRENCE \$ 1,000,000			
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				AGGREGATE \$ 1,000,000 \$ \$			
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$			
A		<b>OTHER: EMPLOYERS LIABILITY STOP GAP</b>	TBA	10/28/13	10/28/14	1,000,000 EACH EMPLOYEE 1,000,000 EACH OCCURENCE			

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
 LFUCG IS LISTED AS CERTIFICATE HOLDER AND ADDITIONAL INSURED ON THE GENERAL LAIBILITY POLICY ONLY. PRODUCTS AND COMPLETED OPERATIONS LIABILITY IS EXCLUDED. THE UMBRELLA ONLY APPLIES TO THE PERSONAL AUTO POLICY WHICH IS LISTED ABOVE.

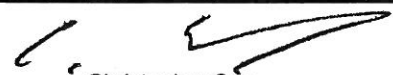
**CERTIFICATE HOLDER**

**CANCELLATION**

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**  
 DIVISION OF RISK MANAGEMENT  
 200 EAST MAIN ST  
 LEXINGTON, KY 40507

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

  
 Christopher Cox

Attention: