

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/28/2016

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

	terms and conditions of the policy tificate holder in lieu of such endors				ndorser	nent. A stat	ement on th	ls certificate does not c	onfer ri	ights to the	
PRODU		iit(s)	<u> </u>	CONTAC	CONTACT						
					NAME PHONE (A/C, No. Ext), 502-244-1343 (A/C, No.) 502-244-1411						
The Underwriters Group, Inc. 1700 Eastpoint Parkway					E-MAIL ADDRESS.						
P.O. Box 23790					INSURER(S) AFFORDING COVERAGE					NAIC#	
Louisville, KY 40223					INSURER A: Cincinnati Insurance Company					10677	
INSURED					INSURERB: KESA Self Insurance Fund						
J. Edinger & Son Inc.					INSURER C:						
1010 Story Avenue Louisville, KY 40206					INSURER D:						
Hoursville, Ki 40200					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. NOTWITH STANDING 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.  INSEL    POLICY EFF   POLICY EXP											
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A _	A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		Х	EPP0236407		05/15/2016	05/15/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000		
								MED EXP (Any one person)	\$5,00	0	
_								PERSONAL & ADV INJURY	\$1,00	0,000	
	SEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$1,00	0,000	
POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$1,000,000		
A 4	AUTOMOBILE LIABILITY			EPP0236407		05/15/201€	05/15/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
							\$				
A	X UMBRELLA LIAB X OCCUR			EPP0236407		(5/15/101c	00/15/1019	EACH OCCURRENCE	\$10,0	00,000	
	EXCESS LIAB CLAIMS MADE							AGGREGATE	<b>1</b> 0,0	00,000	
	DED RETENTION \$ 0			0007			44.44.44.44.4		\$		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N			9065		00/16/101e	0171e71017	X PER OTH-			
A	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		0,000	
(N	Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE			
A	yes, describe under ESCRIPTION OF OPERATIONS below Garagekeepers Symb 30			EPP0236407		55/15/161€	05/15/1/17	E L. DISEASE - POLICY LIMIT	\$2,00	0,000	
	Legal Liability Excess Basis			Comp Ded \$500/2500 Coll Ded \$500		5.0/13/2516	03/13/2:1	Limit Limit		0,000 0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
OFFICIAL LIGHT DEP											
						CANCELLATION					
Lexington Fayette Urban Co. Government Attn: Deborah Bright 200 East Main St.					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 BERRESENTATIVE  Sume W Ferogusor						

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