

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/01/2016

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

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).													rights to the	
PRODUCER									CONTACT NAME:					
MARSH USA, INC.								PHONE FAX						
445 SOUTH STREET MORRISTOWN, NJ 07962-1966 Attn: Morristown.CertRequest@marsh.com Fax: 212-948-0979									(A/C, No, Ext): (A/C, No):					
									ADDRESS:					
1000FF LICC WIDOL 1/ 17								INSURER(S) AFFORDING COVERAGE INSURER A : Liberty Mutual Fire Insurance Company					23035	
100055-USG-W/POL-16-17 INSURED												N/A		
UTILITY SERVICE CO., INC.								INSURER B: N/A INSURER C: Liberty Insurance Corporation				-		
PO BOX 1350 PERRY, GA 31069												42404 22667		
I LIMIT, ON STOOT									INSURER D : ACE American Insurance Company					
									INSURER E:					
									INSURER F:					
_		AGES					NUMBER:		-008448864-01		REVISION NUMBER:3	<u></u>	LIOV DEDICE	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY F INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													WHICH THIS	
INSF LTR		TYPE OF INSURANCE			INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	X COMMERCIAL GENERAL LIABILITY					TB2-641-444728-046		03/01/2016	03/01/2017	EACH OCCURRENCE	\$	2,000,000		
		CLAIMS-MADE	E [)	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000	
											MED EXP (Any one person)	\$	10,000	
											PERSONAL & ADV INJURY	\$	2,000,000	
	GEN	N'L AGGREGATE LIM	1IT AF	PPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	Χ	POLICY PRO	O- CT	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:										\$			
Α	AUT	AUTOMOBILE LIABILITY					AS2-641-444728-066		03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000	
	Х	ANY AUTO									BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
											,	\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$										\$			
С	AND EMBLOYEDS! LIABILITY					WA7-64D-444728-016 (AOS)		03/01/2016	03/01/2017	X PER OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE N			N/A						E.L. EACH ACCIDENT	\$	2,000,000		
	(Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE	\$	2,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT	\$	2,000,000		
D CONTRACTOR'S POLLUTION						COOG2737220A002		07/24/2015	07/24/2016	PER OCCURRENCE:		20,000,000		
LEGAL LIABILITY						SIR - \$250,000				AGGREGATE:		20,000,000		
		, 12 211 13 12 1 1 1					0.11 \$200,000				THOUSE OF THE		20,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Lexington-Fayette Urban County Government is included as additional insured (except workers compensation) where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract. XCU coverage is not excluded in the policy.														
CE	RTIF	ICATE HOLDE	R					CANCELLATION						
Lexington-Fayette Urban County Government 200 East 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.					
									AUTHORIZED REPRESENTATIVE of Marsh USA Inc.					