CERTIFICATE OF LIABILITY INSURANCE

MOWED-1 OP ID: TR

02/21/2017

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).

PRODUCER		NAME: Theresa Richardson				
Cambridge Insurance 2300 Regency Rd Lexington, KY 40603 Paul T. Ferrell, Inc.		PHONE (A/C, No. Ext); 859-252-0381 FAX (A/C, No): 859-2	859-252-2153			
		E-MAIL ADDRESS: trichardson@cambridgeinsurance.net				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A : Selective Insurance	12572			
INSURED	Mow Edge Blow Lawn Service LLC 933 Whitney Ave	INSURER B:				
		INSURER C:				
	Lexington, KY 40508	INSURER D :				
		INSURER E :				
		INSURER F .				
		DEVICION NUMBER.				

COVERAGES

CERTIFICATE 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,

NSR	TYPE OF INSURANCE	ADDL	SÚBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY	X	117.0	S 2218580	05/03/2016		EACH OCCURRENCE	\$	1,000,00
	CLAIMS-MADE X OCCUR		i				DAMAGE TO RENTED PREMIȘES (Ea occurrence)	s	100,00
		ļ			1		MED EXP (Any one person)	\$	10,00
							PERSONAL & ADV INJURY	\$	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$	3,000,00	
i	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	5	3,000,00
- 1	OTHER							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Es accident)	\$	1,000,00
A X ANY AUTO ALL OWNED AUTOS HIRED AUTOS	X ANY AUTO			S 2218580	05/03/2016	05/03/2017	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED			ľ	BODILY INJURY (Per accident)	\$			
	NON-OWNED						PROPERTY DAMAGE (Per accident)	5	
	AUTOS							\$	
	UMBRELLA LIAB OCCUR			•	i i		EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE				ì		AGGREGATE	5	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					į		E L EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		· N / A					E L DISEASE - EA EMPLOYEE	\$	
j	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Lexington-Fayette Urban County Government is Additional Insured for General Liability on a Primary basis and will receive 30 days advance written notice, except 14 days notice for non-payment of premium, in the event the General Liability policy is cancelled or non-renewed.

Lexington Fayette Urban County

Division of Risk Management

200 E. Main Street, Ste 925 Lexington, KY 40507

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Government

LEXIN-5

CANCELLATION

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

Theresa Richardson

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