OP ID: KY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/21/2017

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 have ADDITIONAL INSURED provisions or be endorsed.

this certificate does not confer rights to the certificate holder in lieu of su  PRODUCER 859-236-5922  Johnson Pohlmann Insurance 129 S. Fourth Street  Danville, KY 40422  Scott A. Burks										CONTACT Scott A. Burks PHONE (A/C, No, Ext): 859-236-5922  E-MAIL EADDRESS: Sburks@johnsonpohlmann.com					
										INSURER(S) AFFORDING COVERAGE INSURER A: The Travelers Insurance Co.					
INSURED Central Seal Company									INSURER B. Kentucky Employers' Mutual Ins					19038 10320	
11400	, KLD	P O Box	P O Box 490						INSURER C:						
		Danville	, Κ\	/ 40423					INSURE						
									INSURE						
									INSURER F:						
СО	VER	AGES			CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		'	
IN C	IDIC <i>I</i> ERTI	ATED. NOTWIT IFICATE MAY B	HST E IS	ANDING A	NY RE May	EQUIF PERT	EME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPED D HEREIN IS SUBJECT TO	CT TO	O WHICH THIS	
INSR LTR		TYPE OF INSURANCE				ADDL INSD	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	Χ	X COMMERCIAL GENERAL LIABILITY										EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:						DTCO9H101596PHX16		12/07/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
												MED EXP (Any one person)	\$	5,000	
												PERSONAL & ADV INJURY	\$	1,000,000	
												GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY	CT.	LOC								PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:										Emp Ben.	\$	1,000,000 1,000,000	
Α	AUTOMOBILE LIABILITY  X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
						DT8108H709516TIL16	12/07/2016	12/07/2017	BODILY INJURY (Per person)	\$					
									BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$					
	_	HIRED AUTOS ONLY	_	Aŭtoson	ΙΈΫ							(Per accident)	\$		
Α	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE							12/07/2016	12/07/2017	FACIL OCCUPRENCE	\$	2,000,000			
						CUP9H1130481626				EACH OCCURRENCE	\$	2,000,000			
	DED X RETENTION \$ 10000				1					AGGREGATE	\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY											X PER OTH-	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						WC966848004(OTHER STATES	s) 04/2	04/20/2017	04/20/2018	E.L. EACH ACCIDENT	\$	1,000,000		
					N/A		368766 (KENTUCKY)		04/20/2017	04/20/2018	E.L. DISEASE - EA EMPLOYEE		1,000,000		
	If yes	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
 #51	  -201	ION OF OPERATION OF CITY Street	NS / I Str	ocations iping &	(YEHIC Marki	LES (# I <b>ng</b>	CORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)			
CE	DTIE	ELCATE HOLD							CANG	SELLATION					
CE	KIIF	ICATE HOLD	EK					LFUCG-H	CANC	CELLATION					
Lexington Fayette Urban County Government										SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
3rd Floor, Room 338 200 E. Main Street									AUTHORIZED REPRESENTATIVE						
	Lexington, KY 40507									Scott a Balas					