



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/4/2020

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Torian Insurance, 3000 E. Division St. Evansville, IN 47711. CONTACT NAME: Cindy L Spurlock. PHONE: (A/C, No, Ext): FAX (A/C, No): (812) 424-9016. E-MAIL ADDRESS: cindy@torianinsurance.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Travelers Insurance (NAIC # 484110), INSURER B: Charter Oak Fire Insurance Company (The) (25615), INSURER C: Underwriters At Lloyd's Of London, INSURER D, 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. 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes entries for Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and Professional/Pollution Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LFCUF, its employees, agents, servants, owners principals licensees, assigns or subcontractors are to be listed as additional insured on the general liability and auto liability for services performed by the insured and per the contract agreement. 30 day notice of cancellation to be given. Coverages are primary and non-contributory also per the contract. UMBRELLA PROVIDES COVERAGE OVER ALL OF ALL POLICIES EXCEPT PROFESSIONAL.

CERTIFICATE HOLDER

CANCELLATION

Certificate Holder: Lexington Fayette Urban County Government ((LFUCF) 125 Lisle Industrial Ave Lexington, KY 40511

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: [Signature]