

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2014

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).

	REVISION NUM				
	INSURER F:				
Aztec Services Group Inc 3814 Wm. P. Dooley By-Pass Cinncinnati, OH 45223	INSURER E:				
	INSURER D:				
	INSURER C: Kentucky Employers Mutual				
1 / 0 · · · 0 · · · · lea		24112			
	INCLIDED A Nautilus Insurance Company				
ipn, CBC	INSURER(S) AFFORDING COVERAGE	NAIC#			
rk, OH 45174	E-MAIL ADDRESS: grudolph@berryinsgrp.com				
ance Group- CIN		FAX A/C, No): 513.831.2963			
	NAME: Gled Rudolpii				
	Arnce Group- CIN Hill Road rk, OH 45174 Iph, CBC Aztec Services Group Inc 3814 Wm. P. Dooley By-Pass Cinncinnati, OH 45223	CONTACT Greg Rudolph Rance Group- CIN Hill Road rk, OH 45174 Iph, CBC Aztec Services Group Inc 3814 Wm. P. Dooley By-Pass Cinncinnati, OH 45223 CONTACT Greg Rudolph PHONE (AC. No. Ext): 513.831.2200 E-MAIL ADDRESS: grudolph@berryinsgrp.com INSURER A: Nautilus Insurance Company INSURER B: Westfield INSURER C: Kentucky Employers Mutual INSURER D:			

CERTIFICATE NUMBER: **COVERAGES** 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.

NSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LTR	GENERAL LIABILITY	INSR WVD	TOLIO : NOMBER	111111111111111111111111111111111111111		EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		ECP201000300	10/14/2014	10/14/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
_	CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	5,000
	X Pollution Liab		ECP201000300	10/14/2014	10/14/2015	PERSONAL & ADV INJURY	\$	1,000,000
	X Professional Liab		ECP201000300	10/14/2014	10/14/2015	GENERAL AGGREGATE	\$	2,000,000
						PRODUCTS - COMP/OP AGG	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- IFCT X LOC						\$	
В	POLICY PRO- X LOC AUTOMOBILE LIABILITY		CWP 0747177	10/14/2014	10/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
						BODILY INJURY (Per person)	\$	
	X ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE (PER ACCIDENT)	\$	
	HIRED AUTOS AUTOS					(Litty to discount)	\$	
A	UMBRELLA LIAB OCCUR		FFX 201250110	10/14/2014	10/14/2015	EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADI					AGGREGATE	\$	5,000,000
							\$	
С	DED X RETENTION\$	0		07/31/2014	07/31/2015	X WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY Y/N		N/A 399569.			E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
-	Inland Marine	1-1-	CWP 0747177	10/14/2014	10/14/2015	Leased or		100,000
В	mand warme					Rented Eq		

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

Specimen For the Purpose of Evidencing	SPECIME	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Coverage Only		AUTHORIZED REPRESENTATIVE

CANCELLATION

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