

## CERTIFICATE OF LIABILITY INSURANCE

GILPI-1

OP ID: TR

DATE (MM/DD/YYYY) 10/03/2016

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).

PRODUCER Cambridge Insurance 2300 Regency Rd Lexington, KY 40503 Theresa Richardson		CONTACT NAME: Cambridge Insurance  PHONE (A/C, No, Ext): 859-252-0381  CONTACT Cambridge Insurance  FAX (A/C, No): 859-	252-2153				
		E-MAIL ADDRESS: info@cambridgeinsurance.net					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Selective Insurance	12572				
INSURED	Gilpin Masonry Construction,	INSURER B : AGC					
	Inc. 100 Sea Otter Circle	INSURER C:					
	Midway, KY 40347-9600	INSURER D:					
		INSURER E :					
		INSURER F:					
COVEDA	CERTIFICATE NUMBER.	DEVICION NUMBER.	·				

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.

INSR LTR	INSR TYPE OF INSURANCE			DL SUBR SD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	Χ	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			S 1704677	10/01/2016	10/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			S 1704677	10/01/2016	10/01/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								·	\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	3,000,000
Α		EXCESS LIAB CLAIMS-MADE			S 1704677	10/01/2016	10/01/2017	AGGREGATE	\$	3,000,000
		DED X RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				6715	01/01/2016	01/01/2017	X PER OTH- STATUTE ER		
В			N/A					E.L. EACH ACCIDENT	\$	4,000,000
	(Mandatory in NH)		N / A					E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	4,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

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

CERTIFICATE HOLDER	CANCELLATION

**Lexington Fayette Urban County** 

Div of Central Purchasing 200 E. Main Street Lexington, KY 40507

Government

LEXIN-5

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