

									LMRCO	N-C <u>01</u>	BKREIS		
Þ		ORD	CF	=R	TIF	ICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 2/8/2017	
_		<u></u>											
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												HE POLICIES AUTHORIZED	
		icate holder in lieu					nuorseme	eni. A Sidi	lement on tr		s not come	r rights to the	
<u> </u>	ODUCE						CONTACT NAME:						
Van Meter Insurance Group 505 Wellington Way							PHONE (A/C, No, Ext): (859) 263-2771 FAX (A/C, No): (859) 263-1999					9) 263-1999	
		on, KY 40503					È-MAIL ADDRESS:						
								INS	URER(S) AFFOF	NDING COVERAGE		NAIC #	
							INSURER A	. Motoris	ts Mutual I	nsurance Comp	bany	14621	
INS	SURED						INSURER B : Kentucky Associated General Contractors Self Insurance Fund						
		LMR Constru	uction LLC			-	INSURER C :						
		2220 Young				-	INSURER D :						
		Lexington, K	¥ 40505			-	INSURER E :						
					~		INSURER F :						
	-	AGES				E NUMBER: SURANCE LISTED BELOW F				REVISION NUME			
	INDIC/ CERTI	ATED. NOTWITHS IFICATE MAY BE IS	TANDING ANY R SSUED OR MAY	EQU PER	IREM	ENT, TERM OR CONDITION , THE INSURANCE AFFORE . LIMITS SHOWN MAY HAVE	N OF ANY DED BY T	' Contrac He Polici	CT OR OTHER ES DESCRIB	R DOCUMENT WITH	RESPECT	O WHICH THIS	
		TYPE OF INSU	RANCE		SUBR		P((MI	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	X	COMMERCIAL GENER	RAL LIABILITY						<u> </u>	EACH OCCURRENCE		1,000,000	
		CLAIMS-MADE	X OCCUR	Х		3330152270	02	2/02/2017	02/02/2018	DAMAGE TO RENTED PREMISES (Ea occurre	ence) \$	300,000	
										MED EXP (Any one per	rson) \$	5,000	
										PERSONAL & ADV INJ	JURY \$	1,000,000	
	GEI	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGA	TE \$	2,000,000	
	-	POLICY PRO- JECT OTHER:	LOC							PRODUCTS - COMP/C	DP AGG \$	2,000,000	
	AUT	AUTOMOBILE LIABILITY X ANY AUTO							02/02/2018	COMBINED SINGLE LI (Ea accident)	IMIT \$	1,000,000	
A	Х					3330152270	02/02/201	2/02/2017		BODILY INJURY (Per p	person) \$		
		AUTOS AUTO	SCHEDULED AUTOS							BODILY INJURY (Per a	· · ·		
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
											\$		
	Х	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	\$	5,000,000	
A		EXCESS LIAB	CLAIMS-MADE			3330152270	02	2/02/2017	02/02/2018	AGGREGATE	\$	5,000,000	
	WO	DED RETENTION								V PER	\$ OTH-		
	AND EMPLOYERS' LIABILITY Y / N					20626	01/01/2017	01/01/2018	X PER STATUTE	ER	1,000,000		
B	OFF	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N / A	20020		1/01/2017	01/01/2010	E.L. EACH ACCIDENT		1,000,000	
	If ve	s. describe under								E.L. DISEASE - EA EM		1,000,000	
A Installation Floater					3330152270	02	2/02/2017	02/02/2018			250,000		
	A Scheduled Equipment					3330152270	-	2/02/2017	02/02/2018			200,000	
.													
						D 101, Additional Remarks Schedul ditional insured by written							

CERTIFICATE HOLDER	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.

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

AUTHORIZED REPRESENTATIVE

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