Client#: 118155 41LAURELMANA

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2016

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).

continuate notice in near or each endercomonit(e)						
PRODUCER	CONTACT Roxanne Cameron					
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800-796-3567	FAX (A/C, No): 859-254-8020				
Powell-Walton-Milward	E-MAIL ADDRESS: rcameron@pwm-jsl.com					
P O Box 2030	INSURER(S) AFFORDING COVERAGE					
Lexington, KY 40588	INSURER A: Westfield Insurance Company	24112				
INSURED	INSURER B: KY Assoc. General Contractors					
Tri-State Roofing & Sheet Metal Company of Kentucky	INSURER C:					
P.O. Box 56	INSURER D:					
	INSURER E:					
Lexington, KY 40588	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.

NSR TR TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Χ	COMMERCIAL GENERA	L LIABILITY			CMM5942244	04/30/2016	04/30/2017		\$1,000,000
	CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
		<u>.</u>						MED EXP (Any one person)	\$10,000
		_						PERSONAL & ADV INJURY	\$1,000,000
GEN		PPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:								\$
AUT	OMOBILE LIABILITY				CMM5942244	04/30/2016	04/30/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X	ANY AUTO							BODILY INJURY (Per person)	\$
	AUTOS	AUTOS						,	\$
X		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
X	UMBRELLA LIAB X	OCCUR			CMM5942244	04/30/2016	04/30/2017	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED X RETENTION	N \$ 0							\$
		,			007347	01/01/2017	01/01/2018	X PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$4,000,000	
(Mandatory in NH)		14774					E.L. DISEASE - EA EMPLOYEE	\$4,000,000	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$4,000,000	
	X X WOF AND ANY OFFICIAL IT IS A	CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE PRO- PRO- PRO- PRO- PRO- PRO- PRO- PRO	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NY PROPRIET TOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CMM5942244 CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X LOCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X NON-OWNED AUTOS NON-OWNED AUTOS X NON-OWNED AUTOS X AUTOS AUTOS X AUTOS AUTOS AUTOS X NON-OWNED X NO	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR COMMISSIVE COMMINION OF PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT COMMISSIVE COMMINION OF PROPERTY DAMAGE PRODUCTS - COMPOSE C

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

Re: All Projects

CERTIFICATE HOLDER

Lexington Fayette Urban County Government Division of Public Works 200 East Main Street Lexington, KY 40507-0000

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.

AUTHORIZED REPRESENTATIVE

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