

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/03/2017

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT SADIE L CAUSEY PRODUCER Reynolds Insurance Agency, Inc. PHONE (A/C, No. Ext): (859)986-8484 FAX (A/C, No. Ext): (859)986-8484 ACC No. Ext): (859)986-8484 FAX (A/C, FAX (A/C, No): (859)986-4976 **PO Box 505** 631 Chestnut St Berea, KY 40403 INSURER(S) AFFORDING COVERAGE NAIC# 11017 STATE AUTO INS CO OF OHIO INSURER A: 25127 OMNI COMMERCIAL, LLC STATE AUTO PROPERTY & CAS INS CO INSURED INSURER B: P O BOX 34065 Kentucky Associated General Contractors Fund SIS A0271 INSURER C: Lexington, KY 40588 INSURER D : **INSURER E:** INSURER F **REVISION NUMBER:** COVERAGES **CERTIFICATE 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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE **POLICY NUMBER** 1,000,000 PBP2774542 09/23/2016 09/23/2017 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence 500,000 CLAIMS-MADE OCCUR 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRO-JECT PRODUCTS - COMPIOP AGG s POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 04/20/2016 | 04/20/2017 \$ BAP2441727 B **AUTOMOBILE LIABILITY** \$ BODILY (NJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED **BODILY INJURY (Per accident)** \$ AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE s (Per accident) s s UMBRELLA LIAB **EACH OCCURRENCE** OCCUR **EXCESS LIAB** AGGREGATE s CLAIMS-MADE RETENTION \$ \$ DED WORKERS COMPENSATION 01/01/2017 01/01/2018 022680 ✓ PER STATUTE C AND EMPLOYERS' LIABILITY 4,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 4,000,000 E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 4,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required CERTIFICATE HOLDER LISTED AS ADDITIONAL INSURED IN RESPECT TO GENERAL LIABILITY PER FORM SL1011 PROJECT: LFD MAINTENANCE BUILDING PHASE 2 **CANCELLATION CERTIFICATE HOLDER** 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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