

CERTIFICATE OF LIABILITY INSURANCE

C3MEC-1

DATE (MM/DD/YYYY)

OP ID: DH

04/18/2017

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.

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).

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PRODUCER Old Colony Ins. Service, Inc. P. O. Box 9000 1900 Cambridge Drive Lexington, KY 40533-9000 Mark Howard			CONTACT NAME: Mark Howard				
			PHONE (A/C, No, Ext): 859-255-3355	FAX (A/C, No): 859-2	59-1614		
			E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAGE	NAIC #			
			INSURER A: OHIO CASUALTY GROUP		24074		
INSURED	C3 Mechanical, LLC	;	INSURER B:				
	210 B Hahn Drive Frankfort, KY 40601	ı	INSURER C:				
	Fialikioit, KT 4000 i		INSURER D :				
			INSURER E :				
			INSURER F:				
COVERAG	GES	CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS 1	O CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOV	/F FOR THE POI	ICY PERIOD		

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 TYPE OF INSUPANCE			ADDL			POLICY EFF	POLICY EXP	LIMITO		
	LTR TYPE OF INSURANCE		INSD WVD		VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			BKS57130109	01/29/2017	01/29/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			BAS57130109	06/28/2016	06/28/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
Α		EXCESS LIAB CLAIMS-MADE			USO57130109	01/29/2017	01/29/2018	AGGREGATE	\$	1,000,000
		DED X RETENTION \$ 10000							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		XWS57130109	01/29/2017	01/29/2018	E.L. EACH ACCIDENT	\$	500,000
			117.6					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DES	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

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

We will endeavor to provide 30 days notice of cancellation.

CERTIFICATE HOLDER		CANCELLATION
LF ADDITIONAL INSURED LEXINGTON-FAYETTE URBAN	UC000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
COUNTY GOVERNMENT 200 E. MAIN STREET		AUTHORIZED REPRESENTATIVE Mark Howard