AHACKER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2017

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.

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).

PRODUCER Lexington / AssuredPartners NL 2443 Sir Barton Way, Suite 400 Lexington, KY 40509		CONTACT Ashley Hacker				
		PHONE (A/C, No, Ext): (859) 685-6520 6520	FAX (A/C, No):			
		E-MAIL ADDRESS: ashley.whattenbarger@assuredptrnl.com				
		INSURER(S) AFFORDING COVE	RAGE	NAIC #		
		INSURER A : Selective Casualty Insuran	14376			
INSURED CDP Engineers Inc./Mapsync		INSURER B : Bridgefield Casualty Insura	10335			
		INSURER C: Hanover Insurance Compa	ny	22292		
3250 Blazer Parkway		INSURER D :				
Lexington, KY 40509		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISIO	N 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.

TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs	
OMMERCIAL GENERAL LIABILITY			MIAWATE TO A MANAGE	EAI	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			08/07/2017		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
				MED EXP (Any one person)	\$	10,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO X LOC					PERSONAL & ADV INJURY	\$	
	GGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE	\$	3,000,000		
				PRODUCTS - COMP/OP AGG	\$	3,000,000	
HER:	R:				\$		
OBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY	VNED SCHEDULED AUTOS ONLY	08/07/2017	08/07/2018	BODILY INJURY (Per person)	\$		
				BODILY INJURY (Per accident)	\$		
			PROPERTY DAMAGE (Per accident)	\$			
						\$	
X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
CESS LIAB CLAIMS-MADE	S185382208	08/07/2017	08/07/2018	AGGREGATE	\$	5,000,000	
DED X RETENTIONS 0	D X RETENTION\$ 0				\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		ETOR/PARTNER/EXECUTIVE N/A 19610622 08/07/2 N/A N/A	08/07/2017	08/07/2018	E.L. EACH ACCIDENT	\$	1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
sional Liabili		LHWA050893	08/07/2017	08/07/2018	\$25,000 Deductible		2,000,000
scribe	under I OF OPERATIONS below	under I OF OPERATIONS below	under I OF OPERATIONS below	under I OF OPERATIONS below	under I OF OPERATIONS below	under I OF OPERATIONS below E.L. DISEASE - POLICY LIMIT	under I OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket Additional Insured status applies with respects to General Liability when required by written contract Excluding Architects, Engineers, or Surveyors.
Transfer of Rights of Recovery-Waiver of Subrogation applies to General Liability per form BP7194 & Auto Liability per form CA7735

Re: LFUCG - Clays Mill Road Improvements Phase 1

Lexington, KY

LFUCG is listed as additional insured with respects to General Liability and Auto Liability when required by written contract.

CERTIFICATE HOLDER	CANCELLATION		
Lexington-Fayette Urban County Government 200 E Main St. Attn: Mark Feibes	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

ACORD 25 (2016/03)

AHACKER



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CONTACT Ashley Hacker				
PHONE (SEO) CSE CEOO CEOO	lo):			
E-MAIL ADDRESS: ashley.whattenbarger@assuredptrnl.com				
INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURER A : Selective Casualty Insurance	14376			
INSURER B : Bridgefield Casualty Insurance Co	10335			
INSURER C: Hanover Insurance Company	22292			
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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NSR	TYPE OF INSURANCE ADDL SU	JBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
AX	170000000				EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
					MED EXP (Any one person)	\$	10,000
				PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO X LOC				PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:					\$	
Α	AUTOMOBILE LIABILITY	S185382208 08/07/2017 SCHEDULED AUTOS			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
i	X ANY AUTO		08/07/2017	08/07/2018	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS				BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
					\$		
Α	X UMBRELLA LIAB X OCCUR		08/07/2017	08/07/2018	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE	S185382208			AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 0					s	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	S' LIABILITY R/PARTNER/EXECUTIVE R EXCLUDED? N / A 19610622 08/07/2			X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		08/07/2017	08/07/2018	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	s	1,000,000
С	Professional Liabili	LHWA050893	08/07/2017	08/07/2018	\$25,000 Deductible		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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Transfer of Rights of Recovery-Waiver of Subrogation applies to General Liability per form BP7194 & Auto Liability per form CA7735

RE: Town Branch Trail Phase 3 Project

The Lexington-Fayette Urban County Government, its elected and appointed officials, employees, agents, boards, consultants, assigns, volunteers, and successors in interest are listed as additional insureds with respects to General Liability.

Professional Liability, \$2,000,000 EA Claim/Aggregate; \$25,000 Deductible.

CERTIFICATE HOLDER	CANCELLATION
Lexington Fayette Urban County Government 200 E. Main St Lexington, KY 40507	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 MarkBy