LABOWO-C01

SCONNER

ACORD'

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/24/2017

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).

	this certificate does not confer rights				ıch en	dorsement(s	s).	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii. A 5	iatomont on	
PR	RODUCER				CONTA NAME:	ст Shelia (	Conner, AC	SRC, CRIS, MLI	S			
Van Meter Insurance Group 1240 Fairway Street Bowling Green, KY 42103						PHONE (A/C, No, Ext): (270) 529-1418 4277 FAX (A/C, No): (270) 843-8808						
						EMAIL ADDRESS; sconner@vanmeterins.com						
	•					IN	ISURER(S) AFFO	RDING COVERAGE			NAIC#	
					INSURI	R A : Zurich	American	Insurance Com	pany		16535	
INS	SURED	INSURER B: National Liability & Fire Insurance Company 20052										
LABOR WORKS LEXINGTON, LLC; LABOR						INSURER C: American Zurich Insurance Company 4						
	SEAN FORE 2600 PRESTON HWY, PO 1		INSURER D:									
LOUISVILLE, KY 40217						INSURER E:						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
l E	THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLIC	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA THE POLIC REDUCED BY	CT OR OTHE CIES DESCRIE PAID CLAIMS	R DOCUMENT WITH BED HEREIN IS SUI i.	RESPE	CT TO	WHICH THIS	
NSF LTR		ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
Α								EACH OCCURRENCE	<u> </u>	\$	1,000,000	
	CLAIMS-MADE X OCCUR		i	PRA0092957-02 (PKG)		08/31/2017	08/31/2018	DAMAGE TO RENTEL PREMISES (Ea occurr	ence)	\$	300,000	
	X See Remarks addl inf							MED EXP (Any one pe	rson)	\$	10,000	
								PERSONAL & ADV IN	JURY ,	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	2,000,000	
	POLICY X PRO- OTHER:							PRODUCTS - COMP/C	S A	\$ \$	2,000,000	
В	AUTOMOBILE LIABILITY						,	COMBINED SINGLE L (Ea accident)	IMIT	\$	1,000,000	
	ANY AUTO		İ	73APS074929		08/31/2017	08/31/2018	BODILY INJURY (Per	person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS		- 1				ĺ	BODILY INJURY (Per a		\$		
	HIRED NON-OWNED AUTOS ONLY				İ			PROPERTY DAMAGE (Per accident)		\$		
										\$		
A	X UMBRELLA LIAB X OCCUR		UMB6513627-02		08/31/2017		EACH OCCURRENCE		\$	9,000,000		
	EXCESS LIAB CLAIMS-MADE					08/31/2017	08/31/2018	AGGREGATE		\$		
	DED X RETENTION\$ 0	!						Gen Agg		\$	9,000,000	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						07/0//00/0	X PER STATUTE	OTH- ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	- [	NC 3804522-02		07/01/2017	07/01/2018	E.L. EACH ACCIDENT		\$	1,000,000	
					j			E.L. DISEASE - EA EM	PLOYEE	\$	1,000,000	
_	If yes, describe under DESCRIPTION OF OPERATIONS below			DDD 5042524 00		08/31/2017	08/31/2018	E.L. DISEASE - POLICY	Y LIMIT	\$	1,000,000	
Ç	Commercial Fire			CPP 5913634-02	!	00/31/2017	00/31/2010					
						i						
ESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD '	101, Additional Remarks Schedule	, may be	attached if more	space is require	ed)				
		,										
	PTIEICATE HOLDER	CANCELLATION										
ERTIFICATE HOLDER						CANCELLATION						
				·				SCRIBED POLICIES				
			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									

ACORD 25 (2016/03)

Materials Recovery Facility 360 Thompson Road Lexington, KY 40507

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Lexington Urban County Govt Division of Waste Management AUTHORIZED REPRESENTATIVE