OP ID: KH

DATE (MM/DD/YYYY) 11/21/2017

CERTIFICATE OF LIABILITY INSURANCE

ACORD'

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 ri	ights to the certificate holder in lieu of su	ich endorsement(s).				
PRODUCER	859-254-1836	CONTACT Jack Goldthorpe				
GCH Insurance Group 2250 Thunderstick Dr Ste. 1104 Lexington, KY 40505 Jack Goldthorpe		PHONE (A/C, No, Ext): 859-254-1836	FAX (A/C, No): 859-22	226-0277		
		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A : The Travelers Indemnity Co		25658		
INSURED C&R Asphalt LLC		INSURER B : KY AGC SIF				
PO Box 8201 Lexington, KY 40533		INSURER C :				
.		INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:			
THIS IS TO CERTIFY THAT THE PO	DLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOV	E 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.

LTR	TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		CO-2J113490-PHX-17	03/20/2017	03/20/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Emp Ben.	\$	1,000,000
Α	ΑՄ	FOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO	Х		810-2J040087-πL-17	03/20/2017	03/20/2018	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	Х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	Х		CUP-2J172348-TIL-17	03/20/2017	03/20/2018	AGGREGATE	\$	5,000,000
		DED X RETENTION\$ 0							\$	
В	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE C			22789	03/20/2017	03/20/2018	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Sch	neduled Equip			CO-2J113490-PHX-17	03/20/2017	03/20/2018	Deductibl		1,000
Α	Lea	sed/Rented/Equi			CO-2J113490-PHX-17	03/20/2017	03/20/2018	Deductibl		1,000
-	_			_						

CERTIFICATE HOLDER	CANCELLATION
LFUCG 200 E. Main Street	SGCO SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE

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

C&RAS-2 PAGE 2 **NOTEPAD** INSURED'S NAME C&R Asphalt LLC Date 11/21/2017 OP ID: KH

Blanket Additional insured applies for General Liability on a primary and non contributory basis as required by contract (some exclusions apply) per form

Blanket Additional insured applies for Auto Policy (some exclusions apply) Waiver of transfer of rights of recovery (subrogation) applies to General Liability and Auto Liability policies. \$1,000 deductible applies for Leased/rented and Scheduled Equipment Designaterd Construction project aggregate limits applies per form CGD211

form CGD246. See attached Acord 101