Client#: 118984 41HERRICKCOM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/29/2018

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	CONTACT Karen Marshall					
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859 2	254-8020				
Marsh & McLennan Agency, LLC	E-MAIL ADDRESS:					
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC #				
Lexington, KY 40588	INSURER A : Cincinnati Insurance Co.	10677				
INSURED	INSURER B : KY Assoc. General Contractors					
Herrick Company, Inc.	INSURER C : Travelers  INSURER D : Philadelphia Insurance Companies					
1385 Tracy Road						
Lawrenceburg, KY 40342	INSURER E:					
	INSURER F:					

**COVERAGES CERTIFICATE NUMBER: REVISION 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 (MM/DD/YYYY)	LIMITS		
X COMMERCIAL GENERAL LIABILITY		EPP0347245	10/11/2017	10/11/2018		\$1,000,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	
X PD Ded:500					MED EXP (Any one person) \$10,000		
					PERSONAL & ADV INJURY	\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000	
OTHER:						\$	
AUTOMOBILE LIABILITY		EBA0347245	10/11/2017	10/11/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
X ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS					,	\$	
X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$		
X Drive Oth Car						\$	
X UMBRELLA LIAB X OCCUR		EPP0347245	10/11/2017	10/11/2018	EACH OCCURRENCE	\$5,000,000	
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$5,000,000		
DED X RETENTION \$0						\$	
WORKERS COMPENSATION		007033	01/01/2018	01/01/2019	X PER STATUTE OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	NI / A				E.L. EACH ACCIDENT	\$4,000,000	
(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$4,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$4,000,000	
Builders Risk		EPP0347245	10/11/2017	10/11/2018	\$3,000,000 - Limit		
					\$2,500 - Deductible		
Excess Umbr Liab		ZUP15T4005217NF	04/28/2018	10/11/2018	\$5,000,000-Each Oc	c/Agg	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X PD Ded:500  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X Drive Oth Car  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Builders Risk	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X PD Ded:500  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROPIET LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  X Drive Oth Car  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Builders Risk	CLAIMS-MADE X OCCUR  X PD Ded:500  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X Drive Oth Car  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Builders Risk  EPP0347245	COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X OCCUR   CLAIMS-MADE   X OCCUR   X   PD Ded:500   Ded:500	TYPE OF INSURANCE INSURANC	SCHEDULED   AUTONOBILE LIABLITY   CAMBRE   CAMBON   COMBINED   AUTONOBILE LIABLITY   COMBINED   C	

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

Coverages continued...

**Pollution Liability** Insurer Letter: D

Policy Number: PPK1235310

Policy Term: 09/05/2016 - 09/05/2018

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION

**Division of Water Quality Lexington Fayette Urban Co Government** 200 East Main Street, 3rd Floor Lexington, KY 40507-0000

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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DESCRIPTIONS (Continued from Page 1)
\$2,000,000 - Each Occurrence \$6,000,000 - Aggregate \$5,000 - Deductible
Project: Horse Park Pump Station Generator Replacement Division of Water Quality Lexington Fayette Urban County Government (Owner) and Hazen and Sawyer, 230 Lexington Green Circle, Suite 520, Lexington, KY 40503 are included as additional insured when required by written contract but only with respects to the auto liability and general liability insurance and subject to the provisions and limitations of the policy. Thirty (30) day written notice of cancelation in favor of holder. Insured's coverage is primary. CGL does not have an XCU exclusion endorsement. There is a separate Pollution Liability policy in place.