

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2018

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 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).

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PRODUCER	CONTACT NAME:					
Garrett-Stotz Company 1601 Alliant Ave	PHONE (A/C, No, Ext): (502) 415-7000 FAX (A/C, No): (502) 4	115-7001				
Louisville, KY 40299	E-MAIL ADDRESS: info@garrett-stotz.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Motorists Mutual Ins. Group	14621				
INSURED	INSURER B: KY AGC SIF	NA				
Jones Contracting, LLC	INSURER C:					
14261 Hwy 550 East	INSURER D:					
Lackey, KY 41643	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:					

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.

INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD	****		(IIIIII)	(MMM/DD/11111)	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR				3330140300	01/19/2018	01/19/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
Α	AUT	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO			3330140300	01/19/2018	01/19/2019	BODILY INJURY (Per person)	\$		
		OWNED X SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X	UMBRELLA LIAB X OCCUR				01/19/2018 01/	01/19/2019	EACH OCCURRENCE	\$	2,000,000	
		EXCESS LIAB CLAIMS-MADE			3330140300 01/			AGGREGATE	\$	2,000,000	
		DED X RETENTION \$ 0							\$		
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							X PER OTH- STATUTE ER			
			N/A		22622	01/01/2018	01/01/2019	E.L. EACH ACCIDENT	\$	4,000,000	
			IN / A	`			E.L. DISEASE - EA EMPLOYEE	\$	4,000,000		
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	4,000,000	
Α		ipment Floater			3330140300	01/19/2018		Rent/Leas		100,000	
Α	Bui	lders Risk			3330140300	01/19/2018	01/19/2019	Builder		945,307	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LFUCG Division oo Water Quality is an additional insured with regard to general liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION

LFUCG Division of Water Quality 125 Leslie Industrial Ave Lexington, KY 40511 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

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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