

EEVERMAN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/28/2018

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.

this certificate does not confer rights to the certificate holder in lieu of supproducer Energy Insurance Agency, Inc. P O Box 55268 Lexington, KY 40555						CONTACT NAME: PHONE (A/C, No, Ext): (859) 273-1549 E-MAIL ADDRESS: eia @energyinsagency.com					272-0075	
					ADDILL			RDING COVERAGE			NAIC #	
					INSURE	R A : Westfie					24112	
INSURED						INSURER B : Kentucky Associated General Contractors (AGC)						
Big Beaver Tree Service, Inc.					INSURER C:							
	lan Hoffman		INSURER D :									
	136 Eisenhour Ct Nicholasville, KY 40356-916	5			INSURE							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
TH IN CE EX	IIS IS TO CERTIFY THAT THE POLICIED DICATED. NOTWITHSTANDING ANY RESTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	ES OF EQUIF PERT	F INS REME FAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY POLICY EFF	TO THE INSUF CT OR OTHER ES DESCRIB PAID CLAIMS. POLICY EXP	RED NAMED ABOR DOCUMENT WED HEREIN IS	OVE FOR T ITH RESPE SUBJECT T	CT TO	WHICH THIS	
LTR A	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BIKT Addl Insured GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROT X LOC			CWP8653124		10/20/2018	10/20/2019	DAMAGE TO REN	NCE ITED	\$	500,000	
								DAMAGE TO REN PREMISES (Ea oc		\$	5,000	
								MED EXP (Any on	•	\$	1,000,000	
								PERSONAL & AD		\$	2,000,000	
								GENERAL AGGRE		\$	2,000,000	
	JECI L							PRODUCTS - COM	MP/OP AGG	\$		
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	LE LIMIT	\$	1,000,000	
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X ANY AUTOS ONLY X NON-OWNED AUTOS ONLY		CWP86	CWP8653124	653124		10/20/2019	l '	Per person)	\$		
								BODILY INJURY (I	Per accident)	\$		
								PROPERTY DAMA (Per accident)	AGE	\$		
	NOTES SHET							,		\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRE	NCE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE		(CWP8653124		10/20/2018	10/20/2019	AGGREGATE		\$	2,000,000	
	DED X RETENTION\$ 0									\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			22871		01/01/2018	01/01/2019	E.L. EACH ACCID		\$	4,000,000	
								E.L. DISEASE - EA	A EMPLOYEE	\$	4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	OLICY LIMIT	\$	4,000,000	
DESC Certi conti	ERIPTION OF OPERATIONS / LOCATIONS / VEHIC ficate holder has been designated as a ract.	LES (A	CORE	D 101, Additional Remarks Schedunsured with respect to the	ile, may b genera	e attached if mor al liability and	e space is requir auto liability	red) r coverage ATIM	∕IA as requ	ired by	y written	
CERTIFICATE HOLDER						CANCELLATION						
LFUCG Division of Purchasing 200 East Main Street 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							