Client#: 119007 41ALLENCOMPA

 $ACORD_{\cdot\cdot\cdot}$ 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/14/2019

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).

certificate floraci in fied of such endorsement(s).					
PRODUCER	CONTACT Andrea Lingenfelter				
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No	s): 859-254-8020			
Marsh & McLennan Agency, LLC	E-MAIL ADDRESS:				
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC #			
Lexington, KY 40588	INSURER A : Phoenix Insurance Company	25623			
INSURED	INSURER B : Travelers Property Casualty Co.	25674			
The Allen Company, Inc.	INSURER C : Kentucky Employers Mutual Insur	10320			
3009 Atkinson Avenue, Suite 300	INSURER D : Travelers Property Casualty Ins	36161			
Lexington, KY 40509	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.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	Х	COMMERCIAL GENERAL LIABILITY	INSK	WVD	DTC0962J2453			EACH OCCURRENCE	\$1.000.000
,		CLAIMS-MADE X OCCUR			2.0000202.00	00/01/2010	00/01/2010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	Х	PD Ded: \$5,000						MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
D	AUT	OMOBILE LIABILITY			DT810962J2453	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
В	X	UMBRELLA LIAB X OCCUR			DTSMCUP0J213002172	03/01/2018	03/01/2019	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED X RETENTION \$10,000							\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY			353980	03/01/2018	03/01/2019	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mar	ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

REF: Project - West Hickman Trail South

CERTIFICATE HOLDER	CANCELLATION
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Lexington Fayette
Urban County Government
200 East Main St. Room 338
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.

AUTHORIZED REPRESENTATIVE

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