Client#: 165643 41BLUEGRASSC9

## $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/14/2019

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 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 any rights to the certificate holder in lieu of such endorsement(s).

and columnate account any rights to the columnate helder in head of cash charles in the					
PRODUCER	CONTACT Paula Hardin				
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859				
Marsh & McLennan Agency, LLC	E-MAIL ADDRESS: phardin@jsmithlanier.com				
P O Box 2030	INSURER(S) AFFORDING COVERAGE				
Lexington, KY 40588	INSURER A : Charter Oak Fire	25615			
INSURED	INSURER B : Travelers Property Casualty Ins. Co.	36161			
Bluegrass Contracting Corp.	INSURER C : KY Assoc. General Contractors				
1075 Red Mile Road	INSURER D : Great American E & S Insurance Co.	37532			
Lexington, KY 40504	INSURER E: Travelers Property Casualty Co.	25674			
	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.

	POINT THE CONDITIONS OF COO					DOLLOV EVD		
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Х	COMMERCIAL GENERAL LIABILITY			DTCO6E947548COF17	07/01/2018	07/01/2019	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
X	PD Ded:5,000						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
GEN							GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
AUT	OMOBILE LIABILITY			DT8106E947548TIL17	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
X	UMBRELLA LIAB X OCCUR			CUP6EJ49511A1726	07/01/2018	07/01/2019	EACH OCCURRENCE	\$11,000,000
	EXCESS LIAB CLAIMS-MAD						AGGREGATE	\$11,000,000
	DED X RETENTION \$10000							\$
	EMPLOYEDELLIADILITY			018882	01/01/2019	01/01/2020	X PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)		1	N / A				E.L. EACH ACCIDENT	\$4,000,000
		1					E.L. DISEASE - EA EMPLOYEE	\$4,000,000
DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$4,000,000
D Pollution				MMAENV001060	07/01/2018	07/01/2019	\$3,000,000-Pol Condt	
Liability							\$3,000,000 - Aggreg	ate
							\$10,000 - Retention	
	X  GEN  AU1  X  X  X  WOID ANT OFF (Mail If ye DES) Po	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X PD Ded:5,000  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY AUTOS  X HIRED  AUTOS ONLY X AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADION  DED X RETENTION \$1000  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  POILUTION	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X PD Ded:5,000  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED  AUTOS ONLY AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$1000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  POILUTION	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X PD Ded:5,000  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$10000  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Pollution	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X PD Ded:5,000  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODICY JECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$10000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  POILUTION DTCOMES  DTCOGE947548COF17  DTCOGE947548COF17  DT8106E947548TIL17  DT8106E947548TIL17  CUP6EJ49511A1726  CUP6EJ49511A1726  O18882	TYPE OF INSURANCE    X   COMMERCIAL GENERAL LIABILITY   DTCO6E947548COF17   O7/01/2018     CLAIMS-MADE   X   OCCUR   CAMINIST   DTCO6E947548COF17   O7/01/2018     CLAIMS-MADE   X   OCCUR   DFCO   DF	TYPE OF INSURANCE   ADDL SUBR   POLICY NUMBER   POLICY EFF (MM/DD/YYYY)   POLICY EFF (MM/DD/YYYYY)   POLICY EFF (MM/DD/YYYY)   POLICY EFF (MM/DD/YYYYY)   POLICY EFF (MM/DD/YYYYYY)   POLICY EFF (MM/DD/YYYYYY)   POLICY EFF (MM/DD/YYYYYYYY)   POLICY EFF (MM/DD/YYYYYYYYYYYYYYYYYYY)   POLICY EFF (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	TYPE OF INSURANCE NSR WYD POLICY NUMBER (POLICY EFF (MM/DDYYYYY) POLICY EFF (MM/DDYYYYY) LIMIT  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X PD Ded:5,000  GENL AGGREGATE LIMIT APPLIES PER: POLICY DECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X LIMIT BEELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION ST 10000  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  V/N OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  N/A OFFICER/MEMBER EXCLUDED? WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  N/A OFFICER/MEMBER EXCLUDED? WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  N/A OFFICER/MEMBER EXCLUDED? WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED? WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED? WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  N/A OFFICER/MEMBER EXCLUDED? WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED?  WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED?  WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED?  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  WIND AUTOS ONLY N/A OFFICER/MEMBER EXCLUDED?  WIND AUTOS ONLY N/A ONL

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

**Project: Southland Drive Sidewalks** 

Certificate holder is included as additional insured when required by written contract but only with respects to the general liability insurance and subject to the provisions and limitations of the policy.

CERTIFICATE HOLDER	CANCELLATION			
Lexington Fayette Urban County Government 200 East Main Street	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 40507-0000	AUTHORIZED REPRESENTATIVE			
1	1 /fores			

© 1988-2015 ACORD CORPORATION. All rights reserved.

0=DT:F:0 4 TE ::0: DED