

JVITATOE



DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 3/1/2019

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

tł	nis certificate does not confer rights to				ıch enc	lorsement(s)	j.	require an endo	130111011			
PRODUCER Van Meter Insurance Group Houchens Insurance Group 505 Wellington Way Lexington, KY 40503						CONTACT Justin Vitatoe						
										(859) 263-1999		
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A: United Fire & Casualty Company					13021	
INSURED						INSURER B : Kentucky Associated General Contractors Self Insurance Fund						
OMNI Commercial, LLC P.O. Box 34065 Lexington, KY 40588					INSURE	RC:						
					INSURER D:							
					INSURER E:							
						INSURER F:						
				NUMBER:				REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY SCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH SED HEREIN IS SU	H RESPE	CT TO	O WHICH THIS	
NSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY	x						EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			60511805		1/1/2019	1/1/2020	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	100,000	
								MED EXP (Any one pe	erson)	\$	5,000	
								PERSONAL & ADV IN	JURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	2,000,000	
	POLICY PRO- LOC OTHER:							PRODUCTS - COMP/	OP AGG	\$ \$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE I (Ea accident)	LIMIT	\$	1,000,000	
	X ANY AUTO		60511805			1/1/2019	1/1/2020	BODILY INJURY (Per	person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per	accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E Î	\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR			60511805		1/1/2019	1/1/2020	EACH OCCURRENCE	E	\$	9,000,000	
	EXCESS LIAB CLAIMS-MADE	<u> </u>						AGGREGATE		\$	9,000,000	
	DED RETENTION \$									\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	22680			1/1/2019	1/1/2020	E.L. EACH ACCIDEN	т	\$	4,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EI	MPLOYEE	\$	4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	4,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ect: Thompson Road Park Renovation certificate holder is listed as additional						re space is requi	red)				
CERTIFICATE HOLDER						CANCELLATION						
					THE	EXPIRATIO	N DATE TH	ESCRIBED POLICII IEREOF, NOTICE CY PROVISIONS.				

ACORD 25 (2016/03)

LFUCG Division of Central Purchasing

200 E. Main Street Lexington, KY 40507

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