

CERTIFICATE OF LIABILITY INSURANCE

DKITTREDGE

DATE (MM/DD/YYYY) 3/28/2019

CLEACON-01

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 fied of					
PRODUCER	CONTACT Deidre Kittredge				
Insurance Group of America LLC 6640 Carothers Parkway, Suite 160	PHONE (A/C, No, Ext): (615) 905-1687 FAX (A/C,	No): (615) 905-1698			
Franklin, TN 37067	E-MAIL ADDRESS: Deidre.Kittredge@IGA.biz				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: United Fire & Casualty Co	13021			
INSURED	INSURER B : Bridgefield Casualty Ins Co	10335			
Cleary Construction Inc.	INSURER C: Navigators Specialty Ins Co	36056			
2006 Edmonton Road	INSURER D:				
Tompkinsville, KY 42167	INSURER E:				
	INSURER F:				
COVEDAGES CEPTIFICATE NUMBER:	DEVISION NUMBE	р.			

CERTIFICATE 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			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X	COMMERCIAL GENERAL LIABILITY	INSD	WVD		(IMIM/DD/TTTT)	(WIWI/DD/1111)	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR				60513619	2/24/2019	2/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:						OOMBINIED ONLOUE LIMIT	\$		
Α	_	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	ANY AUTO			60513619	2/24/2019	2/24/2020	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000	
		EXCESS LIAB CLAIMS-MADE		60513619 2/24/2019 2/24/2	2/24/2020	AGGREGATE	\$	5,000,000			
		DED X RETENTION \$ 10,000)						\$		
В	WOF	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY						X PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A		0196-42220	1/1/2019	1/1/2020	E.L. EACH ACCIDENT	\$	1,000,000	
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
С	Exc	ess Liability			HO19EXC897698IC	2/24/2019	2/24/2020	Ea Occurrence/Agg		5,000,000	
l											

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

CERTIFICATE HOLDER	CANCELLATION
City of Lexington 200 East Main 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.
Lexington, RT 40007	AUTHORIZED REPRESENTATIVE
	A & My