				Client	#: 81	0170	D	66LEAKELI						
						CA	TE OF LIABI	LIT	JRANC	CE [DATE (MM/DD/YYYY)			
		10.10										01/04/2019		
C B	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.													
lf	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).													
								CONTA NAME:	СТ					
	Griff Insurance S W Vine Street, S			h				PHONE (A/C, No E-MAIL	PHONE (A/C, No, Ext): 859 224-8899 FAX (A/C, No): 8666432260					
	kington, KY 4050		.e 500	,				ADDRESS:						
	224-8899						-						NAIC #	
INSU	RED							INSURER A : National Trust Insurance Company					10178	
	Leak Elim	nina	tors	LLC				INSURER B : FCCI Insurance Company INSURER C : Kentucky Associated Gen. Contract SIF					KYSIF	
	330 Lisle	Ind	ustria	al Ave.				INSURER D : Monroe Guaranty Insurance Company					32506	
	Lexingto	n, K	Y 40	511				INSURE		-				
								INSURE						
CO	/ERAGES			CER	TIFIC	ATE	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	NSR TYPE OF INSURANCE				ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α				BILITY			CPP100036580	36580			EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR										DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	000	
											MED EXP (Any one person)	\$ 5,000		
											PERSONAL & ADV INJURY	\$1,00	,	
		MIT A RO-	PPLIES	PER:							GENERAL AGGREGATE	\$2,00	,	
										PRODUCTS - COMP/OP AGG	G \$2,000,000 \$			
D							C & 400020570		40/04/0040	40/04/0040	COMBINED SINGLE LIMIT (Ea accident)			
U					CA100036579			12/31/2010 12/31/	12/31/2019	(Ea accident) BODILY INJURY (Per person)	\$1,00	J,000		
	OWNED AUTOS ONLY	X ANY AUTO							BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY	x		OWNED							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS UNET			S ONLY								\$		
в	X UMBRELLA LIAB		X o	CCUR			UMB100036582		12/31/2018	12/31/2019	EACH OCCURRENCE	\$5.00	0.000	
	EXCESS LIAB	ľ		_AIMS-MADE							AGGREGATE	\$5,00	- ,	
			ол \$ 0									\$		
С	WORKERS COMPENSA AND EMPLOYERS' LIA	BILIT	Y				007722		01/01/2019	01/01/2020	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PAR OFFICER/MEMBER EXC		R/EXEC ED?		N/A						E.L. EACH ACCIDENT	\$4,00		
	(Mandatory in NH) If yes, describe under										E.L. DISEASE - EA EMPLOYEE			
A Leased & Rented							CDD100026590		12/21/2010	12/21/2010	E.L. DISEASE - POLICY LIMIT \$300,000-Limit	\$4,00	J,000	
A Leased & Rented Equipment							CPP100036580		12/31/2016	12/31/2019	\$1,000-Deductible			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
Additional Insured: LFUCG, Div. of Water Quality														
			а. с	,	217									
	For Storm Sewer System Cleaning/Rehabilitation Project													
В	Bid 27-2019													

CERTIFICATE HOLDER	CANCELLATION					
LFUCG, Division of Water Quality 125 Lisle Industrial Ave. Lexington, KY 40511	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					
	Claudes Os. Apolen					