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CERTIFICATE OF LIABILITY INSURANCE

Client#: 1117179

DATE (MM/DD/YYYY) 12/11/2018

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).

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PRODUCER	CONTACT Commercial Lines				
USI Insurance Services LLC-CL	PHONE (A/C, No, Ext): 502.815.5200 FAX (A/C, No)	855.209.1246			
950 Breckenridge Lane	E-MAIL ADDRESS:	•			
Suite 50	INSURER(S) AFFORDING COVERAGE	NAIC #			
Louisville, KY 40207	INSURER A : Great American Insurance Company	16691			
DC Elevator Company 124 Venture Ct., Ste. 1	INSURER B: National Union Fire Ins Pittsburgh, PA	19445			
	INSURER C : Kentucky Employers' Mutual Insurance	10320			
	INSURER D: Motorists Mutual Insurance Company	14621			
Lexington, KY 40511-2600	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 POLICY EFF POLICY EFF						
INSF LTR	TYPE OF INSURANCE	INSR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY		GLP130340102	01/01/19	01/01/20	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR		*Per Elev Proj*			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	X XC&U not excluded					MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:						\$
D	AUTOMOBILE LIABILITY		3330105810E	01/01/19	01/01/20	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 Comp/Coll					\$500/\$1,000	\$
В	UMBRELLA LIAB X OCCUR		EBU011656574	01/01/19	01/01/20	EACH OCCURRENCE	\$10,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED RETENTION\$						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		378713 (KY)	01/01/19	01/01/20	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	D Contractors Equip		3330105810E	01/01/19	01/01/20	As Scheduled/\$500	Ded
D	D Leased/Rented EQ		3330105810E	01/01/19	01/01/20	\$300,000 Lmt/\$500 E	Ded
D	D Installation Fltr		3330105810E	01/01/19	01/01/20	\$500,000 Lmt/\$500 E	Ded

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

Certificate holder is an additional insured with regard to general liability for claims arising out of work performed by the named insured.

CERTIFICATE HOLDER	CANCELLATION

Lexington Fayette Urban County Government 200 E. Main Street, Ste. 925 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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