

CERTIFICATE OF LIABILITY INSURANCE

ACARTER1

DATE	(MM/DD/YYYY)	
Q/·	17/2019	

ASLEXCA-01

			<u> </u>							9/	/17/2019	
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.												
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights	ct to	the	terms and conditions of	the po	licy, certain	policies may					
PRO	DUCER					ਾ Ashley C	Carter					
Lexington / AssuredPartners NL						PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, No):(859) 5						
2443 Šir Barton Way, Suite 400 Lexington, KY 40509						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE						
INSL	PED						initiatii mata		oompai	i y	13986	
INSC					INSURE							
	ASL Excavating, Inc. P.O. Box 321				INSURE						+	
	Flemingsburg, KY 41041				INSURE							
					INSURE							
					INSURE	RF:		DE\//0101111			<u> </u>	
				E NUMBER:				REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	requi ' Per	REM	ENT, TERM OR CONDITION , THE INSURANCE AFFORE	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY						, ,	EACH OCCURREN	ЭE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CPP6606358		10/15/2018	10/15/2019	DAMAGE TO RENT PREMISES (Ea occu	ED	\$	500,000	
								MED EXP (Any one		\$	10,000	
								PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
								PRODUCTS - COMF		\$	2,000,000	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$ \$	1,000,000	
	X ANY AUTO		BA 6606357		10/15/2018	10/15/2019	(Ea accident)	,		,,		
	OWNED AUTOS ONLY AUTOS			BA 0000337		10/13/2010	10/13/2013	BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Pe		\$		
								(Per accident)		\$		
Α	X UMBRELLA LIAB X OCCUR									\$	5,000,000	
		_		CPP6606358		10/15/2018	10/15/2019	EACH OCCURRENC)E	\$	5.000.000	
	EXCESS LIAB CLAIMS-MADE	_				10/13/2010	10/13/2013	AGGREGATE		\$	3,000,000	
•		'						PER	OTH-	\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WC GEOGREE		10/15/0040	10/15/2019	STATUTE	ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		WC 6606356			10/15/2018	10/15/2019	E.L. EACH ACCIDE	NT	\$	1,000,000	
								E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					40/45/0010	40/45/0010	E.L. DISEASE - POL		\$	1,000,000	
	A Equipment Floater			CPP6606358		10/15/2018		Leased & Rented			500,000	
Α	Equipment Floater			CPP6606358		10/15/2018	10/15/2019	Installation Flo	oater		34,000	
Polio Proc	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC y includes: General Liability form- Ow lucts-Completed Operations (07741) G Oxford Circle Sidewalk Project	ners,	Less	ees, or Contractors- Auton	natic St	atus when re	quired in cor	nstruction agreer			limited	
CE					CANC	ELLATION						
					SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLIC	IES BE CA	ANCEL	LED BEFORE	

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Lexington Fayette Urban County Government

Division of Inspection Contractors Registration

200 E Main St Ste 925 Lexington, KY 40507

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