BJOST

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2019

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Beth Jost PRODUCER **Garrett-Stotz Company** PHONE (A/C, No, Ext): (502) 415-7041 FAX {A/C, No]: 1601 Alliant Ave Louisville, KY 40299 E-MÂIL ADDRESS: bjost@garrett-stotz.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Amerisure Mutual Insurance 23396 INSURED INSURER B : KY AGC SIF NA Smith Contractors, Inc. INSURER C: Kerry Smith PO Box 480 INSURER D: Lawrenceburg, KY 40342 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER Α Х COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE | X | OCCUR CPP20260881802 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 Х 1/1/2019 1/1/2020 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PROF 2,000,000 Lac PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY Х ANY AUTO CA20260871602 1/1/2019 1/1/2020 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY Α Χ Х UMBRELLA LIAB 10,000,000 OCCUR EACH OCCURRENCE CU20260891402 1/1/2019 1/1/2020 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 10,000,000 DED X RETENTION \$ OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 7132 1/1/2019 1/1/2020 4,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 4,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 4,000,000 E.L. DISEASE - POLICY LIMIT Leased/Rented Equip M20745240902 1/1/2019 1/1/2020 600,000 Limit DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Sharon Village Pump Station & Force Main WW System Improvements Lexington Fayette Urban County Government is Additional Insured as required by written contract. Insurance is Primary and Non-Contributory. A 30 day written notice applies except for non payment of premium. **CERTIFICATE HOLDER** CANCELLATION 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 Fayette Urban County Government 200 East Main Street Lexington, KY 40507 AUTHORIZED REPRESENTATIVE