

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/26/2019

| 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). | | | | | | | | | | |
| PRODUCER | | CONTACT Keeley Young | | | | | | | | |
| | | | | | NAME: Neeley roung | | | | | |
| MANN SUTTON and MCGEE | | | | | PHONE (859) 225-3661 FAX (A/C, No, Ext): (859) 225-8351 | | | | | |
| 1353 Leestown Rd. | | | | | ADDRESS: | | | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| Lexington KY 40508 | | | | | INSURER A : Motorists Insurance Company | | | | | |
| INSURED | | | | | INSURER B: KY. Employers Mutual Insurance | | | | | |
| Norman Story and Associates, LLC | | | | | INSURER C : | | | | | |
| Industrial Field Maintenance, LLC | | | | | INSURER D : | | | | | |
| 3331 Elizaville Rd | | | | | INSURER E : | | | | | |
| Ewing KY 41039 | | | | | INSURER F : | | | | | |
| COVERAGES CERTIFICATE NUMBER: CL1961801559 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 A LTR TYPE OF INSURANCE | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | | | |
| | T | | | | | | EACH OCCURRENCE | _{\$} 2,00 | 0,000 | |
| CLAIMS-MADE 🗙 OCCUR | | | | | | 07/01/2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | | |
| X Ohio Stop Gap | | | | | | | MED EXP (Any one person) | \$ 5,000 | | |
| A Limit \$1,000,000 | Y | 3326783950 | | 07/01/2019 | 07/01/2019 | | PERSONAL & ADV INJURY | \$ 2,000,000 | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 3,000,000 | | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,00 | 0,000 | |
| OTHER: | | | | | | | Empl Practices Liab Ins | \$ 100,000 | | |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | |
| ANY AUTO | | | 3326783950 | | 07/01/2019 | 07/01/2020 | BODILY INJURY (Per person) | n) \$ | | |
| A OWNED SCHEDULED AUTOS | Y | 3 | | | | | BODILY INJURY (Per accident) | JURY (Per accident) \$ | | |
| HIRED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| AUTOS ONLY AUTOS ONLY | | | | | | | | \$ | | |
| VIMBRELLA LIAB X OCCUR | | | 3326783950 | | 07/01/2019 | 07/01/2020 | EACH OCCURRENCE | _{\$} 10,0 | 00,000 | |
| A EXCESS LIAB CLAIMS-MADE | | 3 | | | | | AGGREGATE | \$ 10,000,000 | | |
| DED RETENTION \$ | | | | | | | | \$ | | |
| WORKERS COMPENSATION | | | | | | | Y PER OTH- STATUTE ER | Ψ | | |
| AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | E.L. EACH ACCIDENT | 1 000 000 | | |
| B OFFICER/MEMBER EXCLUDED? | | 3 | 399128 | | 07/01/2019 | 07/01/2020 | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,00 | | |
| | | | | | | | | Ψ | | |
| A Equipment | | IL | LM0301638 | | 01/23/2019 | 01/23/2020 | Limit | \$400 |),000 | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES | (ACO | ORD 101, | Additional Remarks Schedule, r | may be at | tached if more s | bace is required) | • | | | |
| LFUCG applies as additional insured as respects to General Liability and Auto Liability on a primary/noncontributory basis. 30 day notice of cancellation. Bid: 99-2019 In Ground Lift Repair | | | | | | | | | | |
| | | | | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | |
| Lexington-Fayette Urban County Government | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| 200 East Main Street AUTHORIZED REPRESENTATIVE | | | | | | | | | | |
| Lexington | Lexington KY 40507 | | | | J.P. Hig | | | | | |

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