		Client	t #: 1677	388		64MA	CCON			
ACORD. CERT			IFIC	ATE OF LIAB	ILITY INSURANCE			DATE (MM/DD/YYYY) 11/01/2019		
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 any rights to the certificate holder in lieu of such endorsement(s).										
_	DUCER				CONTACT NAME:					
-	-	Insurance Services			PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No): 866 881-2185					
		stpoint Parkway le, KY 40223			E-MAIL ADDRESS:					
	2 489-				INSURER(S) AFFORDING COVERAGE INSURER A : Phoenix Insurance Company 2				NAIC # 25623	
INSU	RED	MAC Construction 8 Ever	votinal	Ino	MOOREN D.				25674	
		MAC Construction & Exca P O Box 6787	ivating	inc	INSURER C : Illinois Union Insurance Company				27960	
		New Albany, IN 47151-678	37		INSURER D : Columbia Casualty Company				31127	
					INSURER E :					
	VERA	GES 055	TIEICAT	E NUMBER:	INSURER F : DEVISION NUMBER:					
			-	-	E REEN ISSUED TO		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		TYPE OF INSURANCE	ADDL SUE	3R		POLICY EXP (MM/DD/YYYY)	LIMI	rs		
A		COMMERCIAL GENERAL LIABILITY	INSR WV	CO5648B343PHX19			EACH OCCURRENCE	\$1,00	0.000	
	~	CLAIMS-MADE X OCCUR			0 11 0 11 20 10	0.00.02020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	,	
	XE	BI/PD Ded:150000					MED EXP (Any one person)	\$5,00		
							PERSONAL & ADV INJURY	\$1,00		
	GEN'L	AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,00		
	Р	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,00	0,000	
в		DTHER:		CAP5648B355TIL19	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ s1,000	0.000	
	XA	ΑΝΥ Αυτο					BODILY INJURY (Per person)	\$,	
	CA	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	XA	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ \$		
в	χu	JMBRELLA LIAB X OCCUR		CUP5648B367IND19	01/01/2019	01/01/2020	EACH OCCURRENCE	s25.00	00,000	
	E	EXCESS LIAB CLAIMS-MADE				• •=•=•	AGGREGATE		00,000	
L	D	DED X RETENTION \$10000	1					\$		
в				UB1L6120251925K	01/01/2019	01/01/2020	X PER OTH ER	-		
	ANY PI	ROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. EACH ACCIDENT	\$1,000	0,000	
	(Manda	latory in NH) describe under					E.L. DISEASE - EA EMPLOYEI			
	DÉSCF	RIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		0,000	
С	Pollu				01/01/2018 01/01/2020 \$5,000,000 Occ/Agg					
	Liab	•		6056720940	04/04/0040	04/04/0000	\$25,000 Deductible			
D Professional 6056739819					01/01/2019 01/01/2020 \$5M Limit/\$50,000 Ded					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lexington-Fayette Urban County Government, its elected and appointed officials, employees, agents, board,										
consultants, assigns, volunteers & successors in interest are named as additional insured as required by										
written contract with respect to general liability and auto liability. Coverages are Primary and Non										
Contributory with regard to insured operations. Umbrella is follow form over underlying policies. All items										
indicated above are as respects operations of insured to which this insurance applies. Coverage will not										
(See Attached Descriptions)										
CERTIFICATE HOLDER CANCELLATION										
		Lexington Fayette Urbar Government	N DATE THE	ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ATE THEREOF, NOTICE WILL BE DELIVERED IN THE POLICY PROVISIONS.						
		LFUCG Contractors Reg	istratio	n						
		200 East Main Street			AUTHORIZED REPRESENTATIVE					

KY Bb	fel_
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Lexington, KY 40507

DESCRIPTIONS (Continued from Page 1)

extend to any Additional Insured that is not provided by the insurance policy nor that is any broader coverage than the requirement of the written contract or agreement. A 30 day notice of cancellation applies, except for 10 days for non-payment.