Client#: 118984 41HERRICKCOM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/02/2020

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 Karen Marshall				
J Smith Lanier & Co Lexington	PHONE (A/C, No, Ext): 859-244-7687 FAX (A/C, No): 859-2	254-8020			
PO Box 2030	E-MAIL ADDRESS: kmarshall@jsmithlanier.com				
360 East Vine Street, Ste 200	INSURER(S) AFFORDING COVERAGE	NAIC #			
Lexington, KY 40588	INSURER A: Selective Insurance Company	12572			
INSURED	INSURER B : KY Assoc. General Contractors				
Herrick Company, Inc.	INSURER C : Tokio Marine Spec In	23850			
2176 Waddy Road	INSURER D:				
Lawrenceburg, KY 40342-9440	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 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		S2405322	10/11/2019	10/11/2020	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	X PD Ded:500					MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		S2405322	10/11/2019	10/11/2020	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 Drive Oth Car						\$
Α	X UMBRELLA LIAB X OCCUR		S2405322	10/11/2019	10/11/2020	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$0						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		007033	01/01/2020	01/01/2021	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$4,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$4,000,000
Α	Builders Risk		S2405322	10/11/2019	10/11/2020	3,000,000 / \$2,500 de	ed
С	Pollution Li		PPK1875121	09/05/2018	09/05/2020	2000000/6000000 50	00ded
Α	Rented/Leased Eq		S2405322	10/11/2019	10/11/2020	30,000 / \$500 ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Job- Town Branch WWTP and West Hickman WWTP Safety Showers and Eyewash Replacement Project Lexington Fayette Urban County Government is included as additional insured when required by written contract but only with respects to the auto liability and general liability insurance and subject to the provisions and limitations of the policy. General liability is written on a primary and non-contributory basis when required by written contract, subject to the provisions and limitations of the policy. 30 day (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION		
Lexington Fayette Urban County Government Division of Water Quality	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
125 Lisle Industrial Avenue	AUTHORIZED REPRESENTATIVE		
Lexington, KY 40511	1) / Julius Land		

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DESCRIPTIONS (Continued from Page 1)				
Notice of Cancellation with respect to form CG 28 04 10 93.	General Liability, Auto Liability and Umbrell	la Liability applies per		