

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/23/2014

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 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).

C	ertificate holder in lieu of such endors					and the same of th				200 EU	
PRODUCER Van Meter Insurance Group 181 Prosperous Place						CONTACT NAME: PHONE (A/C, No, Ext): (859) 263-2771 FAX (A/C, No): (859) 263-1999					
l							URER(S) AFFOR	RDING COVERAGE		NAIC#	
						INSURER A : Acuity				14184	
INSURED						INSURER B : Kentucky Employers' Mutual Insurance				10320	
	C & R Asphalt LLC				INSURE	RC:			in a		
PO Box 8201						INSURER D:					
	Lexington, KY 40533		INSURER E :								
						INSURER F:					
CC	VERAGES CER	CATE	NUMBER:	REVISION NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REMI	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAI THE POLICI REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSF			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s	1,000,000	
	CLAIMS-MADE X OCCUR			X38010		03/20/2014	03/20/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	S	250,000	
	X Limited Liability Po							MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					3		GENERAL AGGREGATE	\$	3,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								\$		
Α	X ANY AUTO			X38010		03/20/2014	03/20/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
								BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									S		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000	
Α	EXCESS LIAB CLAIMS-MADE			X38010		03/20/2014	03/20/2015	AGGREGATE	\$	5,000,000	
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	385849	28		03/20/2014	03/20/2015	X PER OTH- STATUTE ER		100000000000000000000000000000000000000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			385849	- 1			E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Leased/Rented Equip			X38010		03/20/2014	03/20/2015	2		250,000	
Α	Inland Marine			X38010		03/20/2014	03/20/2015	Scheduled Various			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	ile, may be	attached if mor	e space is requi	red)			
		LES (A			ile, may be						
Ε	RTIFICATE HOLDER			8.98.982 ST	CANC	ELLATION	-20				
	LFUCG / CITY OF LEXINGTO 200 E MAIN STREET)N			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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LEXINGTON, KY 40507

AUTHORIZED REPRESENTATIVE