

## CERTIFICATE OF LIABILITY INSURANCE

GILPI-1

OP ID: TR

DATE (MM/DD/YYYY) 08/18/2017

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).

PRODUCER Cambridge Insurance 2300 Regency Rd Lexington, KY 40503 Theresa Richardson		CONTACT NAME: Cambridge Insurance	NAME: Cambridge insurance						
		PHONE (A/C, No, Ext): 859-252-0381 FAX (A/C, No): 859-	252-2153						
		E-MAIL ADDRESS: trichardson@cambridgeinsurance.net	E-MAIL ADDRESS: trichardson@cambridgeinsurance.net						
		INSURER(S) AFFORDING COVERAGE	NAIC #						
		INSURER A: Selective Insurance	12572						
INSURED	Gilpin Masonry Construction	INSURER B : AGC							
	Co., Inc. 100 Sea Otter Circle	INSURER C:							
	Midway, KY 40347-9600	INSURER D:							
		INSURER E :							
		INSURER F:							
COVEDA	GES CEPTIFICATE NUMBER:	PEVISION NUMBER	DEVISION 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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X		S 1704677	10/01/2016	10/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
								MED EXP (Any one person)	\$ 15,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α	X	ANY AUTO	X		S 1704677	10/01/2016	10/01/2017	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 3,000,000
Α		EXCESS LIAB CLAIMS-MADE			S 1704677	10/01/2016	10/01/2017	AGGREGATE	\$ 3,000,000
		DED X RETENTION\$ 0							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE   1 / N			6715	01/01/2017	01/01/2018	E.L. EACH ACCIDENT	\$ 4,000,000
	(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$ 4,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: Morton House Improvements Bid #103-2017 Lexington Fayette Urban County Government is Additional Insured as respects General Liability and Automobile Liability on policy # S 1704677, where required by contract. Thirty days (30) written notice of cancellation except 14 days for non-payment of premium.

CERTIFICATE HOLDER		CANCELLATION
	LEXIN-5	

**Lexington Fayette Urban County** Government 200 E. Main Street, Ste 925 Lexington, KY 40507

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



## CERTIFICATE OF LIABILITY INSURANCE

GILPI-1 OP ID: TR

> DATE (MM/DD/YYYY) 08/18/2017

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)

00:00	tto Horaor III Hoa or oach chaorcomoni(o).						
PRODUCER Cambridge Insurance 2300 Regency Rd Lexington, KY 40503 Theresa Richardson		CONTACT Cambridge Insurance PHONE (A/C, No, Ext): 859-252-0381 E-MAIL ADDRESS: trichardson@cambridgeinsurance.net					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Selective Insurance	12572				
INSURED	Gilpin Masonry Construction	INSURER B : AGC					
	Co., Inc. 100 Sea Otter Circle	INSURER C:					
	Midway, KY 40347-9600	INSURER D:					
		INSURER E:					
		INSURER F:					
COVEDA	CEQ CEDTIFICATE NI IMPED:	PEVISION 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				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			S 1704677	10/01/2016	10/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			S 1704677	10/01/2016	10/01/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	3,000,000
Α		EXCESS LIAB CLAIMS-MADE			S 1704677	10/01/2016	10/01/2017	AGGREGATE	\$	3,000,000
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		6715	01/01/2017	01/01/2018	E.L. EACH ACCIDENT	\$	4,000,000
	(Man	ndatory in NH)	IN / A					E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	4,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CANCELLATION

CERTIFICATE HOLDER

**Lexington-Fayette Urban County** 

**Building Inspection Division** Lexington, KY 40507

Government

200 E Main St

LEXIN39

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.