Client#: 118984 41HERRICKCOM

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2019

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).

and definitione does not define unity rights to the definitione notice in new or such endersomethics).						
PRODUCER	CONTACT Karen Marshall					
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No): 859					
Marsh & McLennan Agency, LLC	E-MAIL ADDRESS: kmarshall@jsmithlanier.com					
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC #				
Lexington, KY 40588	INSURER A : Cincinnati Insurance Co.	10677				
INSURED	INSURER B : KY Assoc. General Contractors					
Herrick Company, Inc.	INSURER C: Travelers Property Casualty Co.	25674				
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	Х	EPP0347245	10/11/2018	10/11/2019	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	X	EBA0347245	10/11/2018	10/11/2019	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		EPP0347245	10/11/2018	10/11/2019	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
	DED X RETENTION \$0						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		007033	01/01/2019	01/01/2020	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE T / 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
С	Excess Umbrella		ZUP31N0438018NF	10/11/2018	10/11/2019	9 \$8,000,000 Each Occ/Agg	
A Builders Risk EPP0347245 10/11/2018 10/1		10/11/2019	3,000,000 Limit				
						\$2,500 Deductible	

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

Coverages continued...
Pollution Liability

Insurer Letter: D

Policy Number: PPK1875121

Policy Term: 09/05/2018 - 09/05/2020

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
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**Lexington-Fayette Urban County** 

Government, KY

200 E Main Street, 3rd Floor Lexington, KY 40507-0000 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

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## **DESCRIPTIONS (Continued from Page 1)**

\$2,000,000 Each Occurrence \$6,000,000 Aggregate \$5,000 Deductible PROJECT: West Hickman Cr

PROJECT: West Hickman Creek Wastewater Treatment Plant Aeration Blower Improvements Contract 64-2019 The Lexington-Fayette Urban County Government and Strand Associates, Inc., 1525 Bull Lea Road, Suite 100, Lexington, KY 40511 are included as additional insured when required by written contract but only with respects to the auto liability and general liability insurance including ongoing operations per CG2010 and products and completed operations hazard per CG2037 and subject to the provisions and limitations of the policy. The auto liability and general liability are written on a primary and non-contributory basis when required by written contract, subject to the provisions and limitations of the policy. The Umbrella policy is on a following form basis over the insuring conditions of the underlying scheduled Liability policies. 30 day Notice of Cancellation with respect to General Liability, Auto Liability and Umbrella Liability applies per form IA 4087 08/11.

LFUCG and Strand Associates, Inc. are included as loss payee with respect to their interest in the Builder's Risk coverage and subject to the provisions and limitations of the policy