

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/2025

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 rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER Company Compa	CONTACT Marlene Reams					
Insurance Service Center PO BOX 1188	PHONE (A/C, No, Ext): (606) 864-5152 FAX (A/C, No): (606) 8	378-7707				
Corbin, KY 40702	E-MAIL ADDRESS: mreams@londoninsuranceagency.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Grange Mutual Casualty Company	14060				
INSURED KENTUCKY STREAM RESTORATION	INSURER B: Grange Guardian	10322				
68 WILLIAMS ASHER LANE	INSURER C:					
London, KY 40741	INSURER D:					
	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	LIMIT	s	
A	1	COMMERCIAL GENERAL LIABILITY	INSD Y	WVD	CPP 2839899	07/24/2025	07/24/2026	EACH OCCURRENCE		1,000,000
^		CLAIMS-MADE OCCUR	'		011 2000000	0172472020	0172472020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								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:							\$	
В	AUT	OMOBILE LIABILITY	Υ		CA 2839900	07/24/2025	07/24/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	~	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	1	UMBRELLA LIAB OCCUR			CUP 2839901	07/24/2025	07/24/2026	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
		DED RETENTION\$ 0							\$	
		KERS COMPENSATION						PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

CERTIFICATE HOLDER	CANCELLATION
LEXINGTON FAYETTE URBAN COUNTY GOVERMENT 200 E MAIN STREET	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE Marie Rans

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