ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/09/2014

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).

PRODUCER		CONTACT Andrea Lingenfelter				
J Smith Lanier & Co-		PHONE (A/C, No, Ext): 800 796-3567	FAX (A/C, No): 859 254-8020			
Powell-Walton-Milward P O Box 2030 Lexington, KY 40588		E-MAIL ADDRESS: alingenfelter@pwm-jsl.com				
		INSURER(S) AFFORDING COVER	AGE NAIC#			
		INSURER A: Travelers Property Casualty C	o. 25674			
INSURED	_	INSURER B: National Union Fire Ins. of Pit	19445			
•	Quarry Company	INSURER C: Kentucky Employers Mutual In	ารนา 10320			
	en Company	INSURER D:				
	son Avenue, Suite 300	INSURER E :				
Lexington,	KY 40509	INSURER F:				
COVERAGES CERTIFICATE NUMBER:		REVISION NU	MBER:			

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.

3 -					EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	GENERAL LIABILITY			DTCO962J2441	03/01/2014	03/01/2015	EACH OCCURRENCE	s1,000,000			
ĺ	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s300,000			
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s 5,000			
	X PD Ded:\$5,000						PERSONAL & ADV INJURY	s1,000,000			
							GENERAL AGGREGATE	s 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	POLICY PRO- JECT LOC							\$			
Α	AUTOMOBILE LIABILITY			DT810962J2441	03/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000			
	X ANY AUTO					BODILY INJURY (Per person)	s				
l	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	s			
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	s			
	ANALYSIS ANANYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANA							S			
В	UMBRELLA LIAB OCCUR			BE015482844	03/01/2014	03/01/2015	EACH OCCURRENCE	s10,000,000			
	X EXCESS LIAB X CLAIMS-MADE						AGGREGATE	s10,000,000			
	DED RETENTION \$							s			
С	WORKERS COMPENSATION			375147	03/01/2014	03/01/2015	X WC STATU- OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	s1,000,000			
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	s1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s1,000,000			
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REF: Project: Southland Drive Bike Lanes

OFFICIOATE MOLDED

Certificate Holder is named as Additional Insured as per written contract with respects to the Auto Liability and General Liability policies described above and subject to provisions and limitations of the policy.

The General Liaibility coverage is on a primary basis.

Coverage provides a 30 Day Notice of Cancellation.

CENTIFICATE ROLDEN	CANCELLATION			
LFUCG Office of the Director of Purchasing 200 East Main Street, 3rd Floor	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 40502	AUTHORIZED REPRESENTATIVE			
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