Client#: 118984 41HERRICKCOM

$ACORD_{\cdot\cdot}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2012

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).

certificate florder in fled of such endorsement(s).					
PRODUCER	CONTACT Karen Marshall				
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No): 8	859-254-8020			
Powell-Walton-Milward P O Box 2030 Lexington, KY 40588	E-MAIL ADDRESS: kmarshall@pwm-jsl.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Cincinnati Insurance Co.	10677			
Herrick Company, Inc. 1385 Tracy Road Lawrenceburg, KY 40342	INSURER B: KY Assoc. General Contractors				
	INSURER C:				
	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.

INCO DOLLOY ECC DOLLOY EVD							
TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
GENERAL LIABILITY		CPP0899247	10/11/2011			\$1,000,000	
COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$500,000	
CLAIMS-MADE X OCCUR				-	MED EXP (Any one person)	\$10,000	
X PD Ded:500					PERSONAL & ADV INJURY	\$1,000,000	
					GENERAL AGGREGATE	\$2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000	
POLICY PRO- JECT LOC						\$	
AUTOMOBILE LIABILITY		CPP0899247	10/11/2011	10/11/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
X ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
X HIRED AUTOS X NON-OWNED AUTOS				ļ		PROPERTY DAMAGE (Per accident)	\$
X Drive Oth Car						\$	
X UMBRELLA LIAB X OCCUR		CPP0899247	10/11/2011	10/11/2012	EACH OCCURRENCE	\$5,000,000	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000	
DED X RETENTION \$0						\$	
WORKERS COMPENSATION		70330	01/01/2012	12/31/2012	X WC STATU- TORY LIMITS OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. EACH ACCIDENT	\$4,000,000	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$4,000,000	
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$4,000,000	
	TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X Drive Oth Car X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under	TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X NON-OWNED AUTOS X Drive Oth Car X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-PRO-PRO-PRO-PRO-PRO-PRO-PRO-PRO-PRO-	TYPE OF INSURANCE ADDLISUBR POLICY NUMBER POLICY EFF (MM/DD/YYYY) GENERAL LIABILITY CAIMS-MADE X OCCUR X PD Ded:500 PRO PCO PRO AUTOMOBILE LIABILITY CPP0899247 10/11/2011 X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X AUTOS X AUTOS X Drive Oth Car X Deb X RETENTION \$0 WORKERS COMPENSATION AND PMPLOYERS' LIABILITY N / A OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION AND PMPLOYERS' LIABILITY N / A OFFICER/MEMBER EXCLUDED? MAND AMD EMPLOYERS' LIABILITY N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A DOLLY FEFF (MM/DD/YYYY) TO / 10/11/2011 CPP0899247 10/11/2011 CPP0899247 10/11/2011 TO 330 01/01/2012 N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A OFFICER/MEMBER EXCLUDED? MY A OFFICER/MEMBER EXCLUDED? N / A O	TYPE OF INSURANCE ADDLSUBR INSR WYD POLICY NUMBER POLICY NUMBER POLICY SEP (MM/DDYYYY) GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO PRO AUTOS ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X Drive Oth Car X UMBRELLA LIAB EXCESS LIAB DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X Drive Oth Car X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY CPP0899247 10/11/2011 10/11/2011 10/11/2012 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) MED EXP (An	

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

Re: Bid 35-2012 West Hickman Thickner #2 Replacement

Certificate Holder is named as additional insured as per written contract, but only with respects to the general liability insurance and subject to the provisions and limitations of the policy.

CENTIFICATE HOLDEN	CANCELLATION		
Lexington Fayette Urban County Government Attn: Betty Landrum 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		
	A Addition to the second		

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