



JUDYC-1

OP ID: KW

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/24/2019

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

<b>PRODUCER</b> <b>GCH Insurance Group</b> <b>780 Winchester Road</b> <b>Lexington, KY 40505</b> <b>John Hampton</b>	<b>859-254-1836</b> <b>CONTACT NAME: John Hampton</b> <b>PHONE (A/C, No, Ext): 859-254-1836</b> <b>FAX (A/C, No): 859-226-0277</b> <b>E-MAIL ADDRESS:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td><b>INSURER A: The Phoenix Insurance Co</b></td> <td><b>25263</b></td> </tr> <tr> <td><b>INSURER B: Travelers Property Casualty Co</b></td> <td><b>25674</b></td> </tr> <tr> <td><b>INSURER C: KY AGC SIF</b></td> <td></td> </tr> <tr> <td><b>INSURER D: Charter Oak Fire</b></td> <td><b>25615</b></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A: The Phoenix Insurance Co</b>	<b>25263</b>	<b>INSURER B: Travelers Property Casualty Co</b>	<b>25674</b>	<b>INSURER C: KY AGC SIF</b>		<b>INSURER D: Charter Oak Fire</b>	<b>25615</b>	<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b> <b>Judy Construction Company</b> <b>103 South Church St</b> <b>P.O. Box 457</b> <b>Cynthiana, KY 41031</b>															

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>PD DED \$5,000</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>CO962J2545</b>	<b>04/30/2019</b>	<b>04/30/2020</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>810-9M356918</b>	<b>04/30/2019</b>	<b>04/30/2020</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>		<input checked="" type="checkbox"/>	<b>CUP2J055586</b>	<b>04/30/2019</b>	<b>04/30/2020</b>	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			<b>17755</b>	<b>01/01/2019</b>	<b>01/01/2020</b>	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>4,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>4,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>4,000,000</b>
<b>D</b>	<b>Builders Risk</b> <b>Special/Earthquake</b>			<b>QT-660-6F609125-COF</b>	<b>04/30/2019</b>	<b>04/30/2020</b>	Limit \$ <b>25,000,000</b> DED \$ <b>5,000</b>

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

**Project: Construction of Brannon Road Salt Barn W. Hickman WWTP, LFUCG Bid No. 58-2019. Lexington-Fayette Urban County Government is an additional insured in regards to auto and general liability policies the general liability is primary. Policies contain a 30 day cancellation clause with the exception of non-payment per KY statute.**

**CERTIFICATE HOLDER****CANCELLATION**

<b>LEXING2</b>  <b>Lexington-Fayette Urban County Government Division of Central Purchasing</b> <b>200 East Main Street</b> <b>Lexington, KY 40507</b>	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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