

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/05/2022

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			CONTACT NAME:	Renee Shotwell			
Hayes Insurance	ce Agency		PHONE (A/C, No, Ext)	: (740) 373-2347	FAX (A/C, No):	(740) 3	73-4087
202 Union Squ	are		E-MAIL ADDRESS:	renee@hayesdonnelly.com			
				INSURER(S) AFFORDING COVERAGE			NAIC#
Marietta		OH 45750	INSURER A:	Westfield Insurance Company			24112
INSURED			INSURER B:	Continental Casualty Company			20443
	Buckeye Construction & Restoration, Ltd. etal:		INSURER C :	Fortegra Specialty Insurance Company			16823
			INSURER D :	Navigators Speciality Insurance Company	у		36056
	405 Watertown Road		INSURER E :	Evanston Insurance Company			35378
	Waterford	OH 45768	INSURER F :				
COVERAGES	CERTIFICATE NUMBE	n. 22/22 BCR Ca	ntivo	DEVISION NUM	DED.		

COVERAGES CERTIFICATE NUMBER: 22/22 BCR Captive 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 POLICY EXP POLICY EXP						
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED
							MED EXP (Any one person) \$ 15,000
С		Υ	Υ	FIR1000006-00	11/01/2021	11/01/2022	PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 4,000,000
	OTHER:						Property Damage Ded \$ 3,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person) \$
Α	OWNED SCHEDULED AUTOS ONLY AUTOS	Υ	Υ	TRA5315076	02/15/2022	07/08/2022	BODILY INJURY (Per accident) \$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	➤ UMBRELLA LIAB						EACH OCCURRENCE \$ 5,000,000
E	EXCESS LIAB CLAIMS-MADE	Υ	Υ	MKLV7EUL102422	11/01/2021	11/01/2022	AGGREGATE \$ 5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OH STOP GAP
l c	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		FIR1000006-00	11/01/2021	11/01/2022	E.L. EACH ACCIDENT \$ 1,000,000
	(Mandatory in NH) If yes, describe under	٦ ٠٠٠				.,,.,.,.	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Excess Liability						Each Occurrence \$5,000,000
D	Excess Elability		Y	Y PT21EXCZ09R09LC	11/01/2021	11/01/2022	Aggregate \$5,000,000

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

Umbrella is follow form

A) TRA5315076 2/15/2022-7/08/2022

Limit \$5,000,000

underlying auto policy TRA5315076

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CERTIFICAT	HOLDER	CANCELLATION	
		LFUCG 200 E Main St	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN	RE
AUTHORIZED REPRESENTATIVE		200 E Main ot	AUTHORIZED REPRESENTATIVE	
Lexington KY 40507 Ruth Downslip		Lexington KY 40507	Rut 1- Donnelly	

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AGENCY CUSTOMER ID:	00000965
LOC #:	

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ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Hayes Insurance Agency		LANG MASONRY CONTRACTORS INC.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

AGENCY Hayes Insurance Agency		NAMED INSURED LANG MASONRY CONTRACTORS INC.			
POLICY NUMBER		-			
		 -			
CARRIER	NAIC CODE	EFFECTIVE DATE:			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORI					
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	y Insurance: No	otes			
Applicable Endorsements:					
CG2033 Additional Insured - Owners, Lessees or Contractors-Automatic Status When Required in a Written Construction Agreement with You					
CG2039 Additional Inusred-Owners, Lessees or Contractors-Automatic Status when Required in written Construction Agreement with you (Completed Operations)					
I-RE GL 2705 21 Primary and Non-Contributory Insurance					
I-RE GL 1 03 21 Waiver of Subrogation - Transfer of Rights of Recovery A	gainst Others	To Us			
CA7068 Business Auto Expanded Plus Coverage					
Umbrella is follow form.					

ACORD 101 (2008/01)