Client#: 813876 66LAGCOINC

 $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/14/2021

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

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PRODUCER	CONTACT NAME:		
McGriff Insurance Services	PHONE (A/C, No, Ext): 859 224-8899 FAX (A/C, No): 860		
200 W Vine Street, Suite 300	E-MAIL ADDRESS:	(100).	
Lexington, KY 40507	INSURER(S) AFFORDING COVERAGE	GE NAIC#	
859 224-8899	INSURER A: Amerisure Insurance Company		
INSURED	INSURER B: Amerisure Mutual Insurance Co.		
Lagco, Inc. P.O. Box 12510	INSURER C: Kentucky Associated Gen. Contract S	IF	
	INSURER D:		
Lexington, KY 40583	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	R TYPE OF INSURANCE			NDDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY				CPP21157350001	10/31/2020	10/31/2021		\$1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
									MED EXP (Any one person)	\$10,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	AUT	OMOBILE LIABILITY				CA21157340001	10/31/2020	10/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
		OWNED SCHEDULEI AUTOS)						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNE AUTOS ONL							PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB X OCCUR				CU21157380002	10/31/2020	10/31/2021	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB CLAIMS	MADE						AGGREGATE	\$10,000,000
		DED X RETENTION \$0								\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY				000207	01/01/2021	01/01/2022	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N NI	N/A					E.L. EACH ACCIDENT	\$4,500,000
			IN						E.L. DISEASE - EA EMPLOYEE	\$4,500,000
		s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$4,500,000
В	B Leased & Rented					IM21157370002	10/31/2020	10/31/2021	\$200,000 Limit	
									\$1,000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lexington Fayette Urban County Government is recognized as an Additional Insured in regards to General
Liability ATIMA.

CERTIFICATE HOLDER	CANCELLATION
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Lexington Fayette Urban County Government 200 East Main St. Lexington, KY 40507 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

HAREE ES

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