## Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED, ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

## This is to Certify that

Garney Holding Company/Garney Companies Inc./ Grimm Construction Co. Inc./Weaver Construction Management Inc./Encore Construction Group, Inc. 1333 NW Vivion Road Kansas City MO 64118-4554

ADDRESS OF INSURED



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE CONTINUOUS EXTENDED POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY	
WORKERS COMPENSATION Includes Coverage 3C, Other States Insurance: All States except those listed and the	10/1/2014	WA2-64D-426942-733	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: AL, AR, AZ, CO, FL, GA, IA, KS, KY, MO, MS, NC, NE, NM, OK, SC, TN, TX, VA, WV	EMPLOYERS LIABILITY
				Bodily Injury by Accident \$1,000,000 Each Accident
States Insurance: All States except those listed and the	_		SC, TN, TX, VA, WV	Bodily Injury By Disease
states of ND, OH, WA, and WY				\$1,000,000 Policy Limit
				Bodily Injury By Disease
COLORDOLLA			General Aggregate	\$1,000,000 Each Person
COMMERCIAL GENERAL LIABILITY	10/1/2014	TB2-641-426942-723	\$2,000,000	
✓ OCCURRENCE			Products / Completed Operations Aggregate	
l <u> </u>				\$2,000,000
L CLAIMS MADE			Each Occurrence	\$1,000,000
	RETRO DATE		Personal & Advertising Injury	000,000 Per Person / Organization
			Other	other \$10,000 Medical
AUTOMOBILE LIABILITY	10/1/2014	AS2-641-426942-713	\$2,000,000 B.I. And P.D. Combined	
<b>⊘</b> OWNED				Each Person
NON-OWNED				Each Accident or Occurrence
HIRED				Each Accident or Occurrence
OTHER				
ADDITIONAL COMMENTS				
* If the contificate againstican data is continuous as extended town you will be notified if accounts in terminated as nodes of before the continuous assignation data				

<sup>\*</sup> If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST  $60\,$  DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

**Liberty Mutual Insurance Group** 

Lexington Fayette Urban County Government Attn: Division of Building Inspection 200 E. Main Street Lexington KY 40507

Stacy Spieker

AUTHORIZED REPRESENTATIVE

Overland Park / 0448 6800 College Blvd, Suite 700

Overland Park KS 66211-1123

913-681-1700

9/12/2013

OFFICE PHONE DATE ISSUED