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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2023

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 Paula J Hardin						
Marsh & McLennan Agency LLC	PHONE (A/C, No, Ext): 859-244-7637 FAX (A/C, No): E-MAIL ADDRESS: Paula.Hardin@MarshMMA.com						
PO Box 2030							
360 East Vine Street, Ste 200	INSURER(S) AFFORDING COVERAGE	NAIC #					
Lexington, KY 40588	INSURER A: The Charter Oak Fire Insurance Company	25615					
Bluegrass Contracting Corp.	INSURER B: Travelers Property Casualty Insurance C 361						
	INSURER C: KY Assoc. General Contractors SIF	999999					
1075 Red Mile Road	INSURER D: The Cincinnati Insurance Company	10677					
Lexington, KY 40504	INSURER E: Travelers Property Casualty Co. of Amer	25674					
	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	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY		DTCO6E947548COF22	07/01/2022	07/01/2023	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	X PD Ded:5,000					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
Ε	AUTOMOBILE LIABILITY		8101N8454632026G	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		CUP4J49511A2226	07/01/2022	07/01/2023	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$10000						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		018882	01/01/2023	01/01/2024	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$4,500,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$4,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$4,500,000
Α	Scheduled Equip		QT6606E920420COF22	07/01/2022	07/01/2023	\$3,098,000 Limit	
Α	Lease/Rented Equi		EXS0644819	07/01/2022	07/01/2023	\$1,000,000 Limit	
D	Excess Umbrella		EXS0644819	07/01/2022	07/01/2023	\$5,000,000 Limit	
DES	CRIPTION OF ORERATIONS / LOCATIONS / VEHIC	LEC (ACORI	D 404 Additional Damarka Cahadula may	. ha attached if we	!	d\	

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

First Supplemental Name applies to all policies - Bluegrass Contracting Corp.

Policy# DTC06E947548COF22 - : Johnson Baker, LLC Policy# CUP4J49511A2226 - : Johnson Baker, LLC Policy# QT6606E920420COF22 - : Johnson Baker, LLC

(See Attached Descriptions)

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Lexington Fayette Urban County Government 200 East Main Street Lexington, KY 40507-0000

CANCELLATION

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

Chi P. Bamett

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^{**} Supplemental Name **

DESCRIPTIONS (Continued from Page 1)
Policy# 8101N8454632026G - : Johnson Baker, LLC
RE: Project: Rosemont Garden Sidewalk
Lexington-Fayette Urban Co Government is included as Additional Insured when required by written contract, agreement or permit but only with respect to the Auto Liability and General Liability insurance and subject to the provisions and limitations of the policy.
General Liability is written on a primary and non-contributory basis when required by written contract, agreement or permit and subject to the provisions and limitations of the policy.