MSHELL

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2020

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(les) 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).

PRODUCER Van Meter Insurance Group Houchens Insurance Group 1240 Fairway Street Bowling Green, KY 42103		SONTACT Marie Shell, KACSR, CRIS, MLIS						
		PHONE (A/C, No, Ext): (270) 529-1387 4234	FAX (A/C, No): (270)) 467-1234				
		E-MAIL Appress: mshell@higusa.com						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A : Zurich American Insurance Com	16535					
INSURED		INSURER B : State Auto Property & Casualty Insura	25127					
LABOR WORKS LEXINGTON,	LLC; LABOR	INSURER c : American Zurich Insurance Com	INSURER C: American Zurich Insurance Company					
SEAN FORE 2600 PRESTON HWY, PO 171	87	INSURER D:						
LOUISVILLE, KY 40217	- .	INSURER E:						
		INSURER F:						

C	OVE	RAGES CE	RTIF	CAT	E 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.									
INS	R	TYPE OF INSURANCE	ADDI	SUBF WV0	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS	
A		COMMERCIAL GENERAL LIABILITY	10.00	1				EACH OCCURRENCE	\$	1,000,000
ĺ	-	CLAIMS-MADE X OCCUR		1	PRA0092957-04	8/31/2020	8/31/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
				ļ		1		MED EXP (Any one person)	\$	10,000
			·				f	PERSONAL & ADV INJURY	s	1,000,000
ļ		 EN'L AGGREGATE LIMIT AP <u>PLIE</u> S PER:				1	Í	GENERAL AGGREGATE	s	2,000,000
	GE	POLICY X PRO X LOC			_	1		PRODUCTS - COMP/OP AGG	s	2,000,000
l	\vdash	OTHER:						EMPL BENEFITS A	s	2,000,000
В	ALL	TOMOBILE LIABILITY	\dagger					COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	1	ANYAUTO	1		BAP 2477930 00	8/31/2020	8/31/2021	BODILY INJURY (Per person)	s	
Ì	X	OWNED SCHEDULED AUTOS	١.,			ľ		BODILY INJURY (Per accident)	s	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	-	AUTOS ONLY AUTOS ONLY							\$	
A	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	9,000,000
	-	EXCESS LIAB CLAIMS-MADE	1 1		UMB6513627-04	8/31/2020	8/31/2021	AGGREGATE	\$	•
		DED X RETENTIONS 0	1			1		Gen Agg	\$	9,000,000
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					*	X PER OTH-		
				ľ	WC 3804522-05 IN KY MN NC	7/1/2020	7/1/2021	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				į	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	if yes	s, describe under CRIPTION OF OPERATIONS below		- [İ	Ī		\$	1,000,000
С		nmercial Fire			CPP 5913634-04	8/31/2020	8/31/2021	Property		
].			- 1		ſ		. 1		
		i						1		ļ
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
`	ANAPITATION									
CEF	ERTIFICATE HOLDER CANCELLATION									
										I

CERTIFICATE HOLDER	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.
LEXINGTON URBAN COUNTY GOVT RECYCLING DEPT	AUTHORIZED REPRESENTATIVE

ILEXINGTON, KY 40507 ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2020

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ĺ					INSUR	INSURER A: Zurich American Insurance Company 16				
IN	ISURED				INSURER B : State Auto Property & Casualty Insurance Company 25127					у 25127
Ì	LABOR WORKS LEXINGTO	N, L	LC;	LABOR						40142
	SEAN FORE	7407			INSUR	ERD:				
2600 PRESTON HWY, PO 17187 LOUISVILLE, KY 40217						INSURER E :				
]					INSUR					
C	OVERAGES CER	TIF	CAT	E NUMBER:				REVISION NUM	BER:	
Г.	THE IS TO CEPTIEN THAT THE POLICIE	EQ (או פר	ISLIBANCE LISTED BELOW	HAVE E	BEEN ISSUED	TO THE INSU	IRED NAMED ABO	E FOR THE	OLICY PERIOD
	INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PFF	IIREN	MENT, TERM OR CONDITIC L. THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	ACT OR OTHE DIES DESCRI PAID CLAIMS	R DOCUMENT WIT BED HEREIN IS SU 3.	H RESPECT	TO WHICH THIS
INS		ADDI	SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	·	LIMITS	
Ä		1	1					EACH OCCURRENC	E \$	1,000,000
	CLAIMS-MADE X OCCUR			PRA0092957-04		8/31/2020	8/31/2021	DAMAGE TO RENTE PREMISES (Ea occur	(D) (rence) \$	1,000,000
]				1	MED EXP (Any one p	ſ	10,000
								PERSONAL & ADV IN		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						Ì	GENERAL AGGREGA		2,000,000
	POLICY X SECT X LOC							PRODUCTS - COMPI		2,000,000
	OTHER:							EMPL BENEFIT		2,000,000
В	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	LIMIT s	1,000,000
	ANÝ AUTO		1	BAP 2477930 00]	8/31/2020	8/31/2021	BODILY INJURY (Per		
	X OWNED SCHEDULED AUTOS ONLY		,					BODILY INJURY (Per		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY AUTOS ONLY				ĺ			(1 or addiagnity	\$	
A	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		9,000,000
• •	EXCESS LIAB CLAIMS-MADE			UMB6513627-04	j	8/31/2020	8/31/2021	AGGREGATE	· \$	
	DED X RETENTION\$ 0						ĺ	Gen Agg	s	9,000,000
Α				·				X PER STATUTE	OTH-	
LAND EMPLOYERS' HARILITY		WC 3804522-05 IN KY MN	NC	7/1/2020	7/1/2021	E.L. EACH ACCIDENT	s	1,000,000		
		N/A				. İ	E.L. DISEASE - EA EM		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					i	İ	E.L. DISEASE - POLIC		1,000,000
Ċ	Commercial Fire	\dashv		CPP 5913634-04		8/31/2020	8/31/2021	Property	T ENVIT W	
•									İ	
	1				1					ł
				404 Additional Damaria Cabadula	mayba	ottoched if more	enare le regulre	id)		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	:5 (AI	COKD	101, Additional Remarks Schedule	e, may be	attached ii more	space is require	:4)		ĺ
										}
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										İ
ER	ERTIFICATE HOLDER CANCELLATION									
					SAVII		E ABOVE DE	SCRIBED POLICIES	BE CANCEL	ED BEFORE
					THE	EXPIRATION	DATE THE	REOF. NOTICE V		
				ACCO	RDANCE WITH	H THE POLICY	PROVISIONS,			
	•			······						
	LEXINGTON URBAN COUNTY GOVT SANITATION DEPT					AUTHORIZED REPRESENTATIVE				
	675 3RD BYRD THURMAND DRIVE					18/e 15				
	ILEXINGTON KY 40510	,	, ,,,,,	-						