

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2017

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	LOCKTON COMPANIES 444 W. 47TH STREET, SUITE 900 KANSAS CITY MO 64112-1906		-	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):		
	(816) 960-9000			INSURER(S) AFFORDI	NAIC #		
				INSURER A: Zurich American Insu	16535		
INSURED	STANTEC CONSULTIN	IG SERVICES INC.		INSURER B: Travelers Property Casu	alty Co of America	25674	
1426517	8211 SOUTH 48TH STE			INSURER C: American Guarantee	and Liab. Ins. Co.	26247	
	PHOENIX AZ 85044			INSURER D :			
				INSURER E :			
				INSURER F:			
COVERA	GES	CERTIFICATE NUMBER:	1/658076	RI	VISION NUMBER:	VVVVVVV	

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X	COMMERCIAL GENERAL LIABILITY	Y	N	GLO5415704	5/1/2017	5/1/2018	EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	X	_CONTRACTUAL/CROSS						MED EXP (Any one person)	\$ 25,000
	X	XCU COVERED						PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
B B	AUT	OMOBILE LIABILITY	Y	N	TC2J-CAP-8E086819	5/1/2017	5/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	X	ANY AUTO			TJ-BAP-8E086820	5/1/2017	5/1/2018	BODILY INJURY (Per person)	\$ XXXXXXX
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$ XXXXXXX
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
									\$ XXXXXXX
C	X	UMBRELLA LIAB X OCCUR	N	N	AUC9184637	5/1/2017	5/1/2018	EACH OCCURRENCE	\$ 5,000,000
	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED X RETENTION \$ 10,000							\$ XXXXXXX
В	B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A	N	TC2J-UB-8E08592 (AOS) TRJ-UB-8E08593 (MA, WI) EXCEPT FOR OH ND WA WY	5/1/2017 5/1/2017	5/1/2018 5/1/2018	X PER OTH-ER	
								E.L. EACH ACCIDENT	\$ 1,000,000
			17.5		EXCELLITOR OFFICE WITWI			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
								'	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LEXINGTON, KY. STANTEC PROJECT: 175662009L;100 RE: SANITARY SEWER SYSTEM CAPACITY ASSURANCE PROGRAM LEXINGTON-FAYETTE URBAN COUNT
GOVERNMENT, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, BOARDS, ASSIGNS, VOLUNTEERS AND SUCCESSORS ARE INCLUDED AS
ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY AND AUTO LIABILITY, BUT ONLY ARISING OUT OF THE OPERATIONS OF THE NAMED
INSURED, AN D THIS COVERAGE IS PRIMARY AND OTHER INSURANCE IS EXCESS AND NON-CONTRIBUTORY, IF REQUIRED BY WRITTEN CONTRACT. THE COVERAGE SHALL NOT BE CANCELLED OR NON RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER.

	CERTIFICATE HOLDER	CANCELLATION See Attachment
	<b>14658076</b> LFUCG DIVISION OF RISK MANAGEMENT 200 EAST MAIN STREET, SUITE 925 LEXINGTON KY 40508	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
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## AM Best Ratings:

Coverage	Issuing Carrier:	AM Best Rating	AM Best Financial Size
General Liability	Zurich American Insurance Company	A+ (Superior)	XV (\$2 Billion or greater)
Auto Liability	Travelers Property Casualty Company of America	A++ (Superior)	XV (\$2 Billion or greater)
Excess Liability	American Guarantee and Liab. Ins. Co.	A+ (Superior)	XV (\$2 Billion or greater)
Workers Compensation	Travelers Property Casualty Company of America	A++ (Superior)	XV (\$2 Billion or greater)

Attachment Code: D531766 Certificate ID: 14658076