

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/24/2023

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 rights to the certificate holder in liqu of such endorsement(s)

this certificate does not confer rights to						may require	an endorsement	i. A Staten	nent (ווע	
PRODUCER					CONTACT Keeley Young						
MANN SUTTON and MCGEE					Leav					225-8351	
1353 Leestown Rd.					E-MAIL Keeley@msmltdins.com						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
Lexington KY 40508					INSURER A: Auto-Owners Insurance Co					18988	
INSURED					INSURER B: The Continental Insurance Company						
Johnson Early Architects					INSURER C: Travelers Insurance Company						
Brian Early					INSURER D:						
131 Prosperous Place Ste 19B					INSURER E :						
Lexington KY 40509-1844					INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL225302704					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. INDICATE OF THE POLICY EXP.											
INSR LTR TYPE OF INSURANCE	INSD \	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE			0,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTEI PREMISES (Ea occur	rence) \$			
							MED EXP (Any one pe				
A			4719778600		03/31/2022	03/31/2023	PERSONAL & ADV IN				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE \$		0,000	
POLICY PRO- LOC							PRODUCTS - COMP/			0,000	
OTHER:							COMBINED SINGLE I	\$			
AUTOMOBILE LIABILITY					(Ea accident)	Ψ	\$ 2,000,000				
ANY AUTO OWNED SCHEDULED			4719778600		03/31/2022	03/31/2023	BODILY INJURY (Per	· ·			
AUTOS ONLY AUTOS							BODILY INJURY (Per PROPERTY DAMAGE				
AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	\$		
UMBRELLA LIAB OCCUB											
I I OCCUR							EACH OCCURRENCE				
CLAIMS-MADE	1						AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER			
B OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					03/31/2022	03/31/2023		100.000		000	
			2097628700				E.L. EACH ACCIDENT	100,000			
							E.L. DISEASE - EA EN		F00,000		
							Aggregate	ST LIIVIII \$		0,000	
C Professional Liability			105418754		03/18/2022	03/18/2023	Occurence			0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	ORD 10	01. Additional Remarks Schedule	may he a	ttached if more sr	nace is required)					
Project: The Valley Park Building Renovation ar	=			uy De a		saso io required)					
Trojock the valley falk ballaning Kenevation at	и Елро	AI 10101	•								
CERTIFICATE HOLDER					CANCELLATION						
							SCRIBED POLICIES			BEFORE	
LFUCG					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
200 E Main Street											
					AUTHORIZED REPRESENTATIVE						

Lexington

KY 40507