

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/20/2023

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 lieu of such endorsement(s).

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PRODUCER		CONTACT Tom Bottoms					
	Peoples Insurance Agency, LLC 101 Fifth Ave Huntington, WV 25701	PHONE (A/C, No, Ext): 304-528-2478 FAX (A/C, No):	304-522-6563				
		E-MAIL ADDRESS: tbottoms@pebo.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Phoenix Insurance Co	25623				
INSURED	ConnHurst, LLC 3534 State Hwy 1626 Olive Hill, KY 41164-8832	INSURER B: Travelers Property Casualty Co of America	25674				
		INSURER C: KY Assoc General Contractors					
		INSURER D: Westchester Surplus Lines Ins Co	10172				
		INSURER E :					
		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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	✓ COMMERCIAL GENERAL LIABILITY		CO3W710333	03/13/2023	03/13/2024	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY V PRO- V LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY		BA3W710879	03/13/2023	03/13/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	✓ ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	✓ UMBRELLA LIAB ✓ OCCUR		CUP3W711655	03/13/2023	03/13/2024	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	5,000,000
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		019237	01/01/2023	01/01/2024	✓ PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	4,500,000	
	OFFICER/MEMBEREXCLUDED? (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
В	Installation Floater		CO3W710333	03/13/2023	03/13/2024	Limit		\$500,000
В	Leased or Rented Equipment		CO3W710333	03/13/2023	03/13/2024	Limit		\$300,000
D	Pollution Liability		PA12104703	06/08/2023	06/08/2024	Limit		\$1,000,000

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

Evidence of insurance. Umbrella is follow form over the underlying general liability, auto liability and employers liability coverages. Pollution liability lmiits are \$1 million each incident / \$2 million aggregate - occurrence form.

CERTIFICATE HOLDER	CANCELLATION

Lexington Fayette Urban County Government Division of Water 200 East Main Street Lexington, KY 40507 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

11171600