

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 be endorsed. If SUBROGATION IS WAIVED, subject to										
	erms and conditions of the policy				idorsei	ment. A stat	ement on thi	s certificate does not co	nfer ri	ghts to the
	ficate holder in lieu of such endor	seme	nt(s).		CONTA	-				
PRODUC					CONTAC NAME:	J1				
_					PHONE (A/C, No	, Ext):502-24	4-1343	FAX (A/C, No): 5	02-24	44-1411
The Underwriters Group, Inc.					E-MAIL ADDRESS:					
	Eastpoint Parkway Box 23790									
	ville, KY 40223			-	INSURER(S) AFFORDING COVERAGE				-	NAIC#
· · · · · · · · · · · · · · · · · · ·					INSURER A: Kentucky Employers' Mutual Insurance				е	10320
INSURED JJL, Inc. dba L.E. Gregg Associates, Inc			INSURER B: XL Specialty Insurance Company					37885		
				INSURER C:						
c/o B	ell Engineering				INSURER D :					
	Fortune Drive, Suite 350			İ	INSURER E:					
Lexin	gton, KY 40509									
					INSURE	RF:				
				NUMBER:		REVISION NUMBER:				
	IS TO CERTIFY THAT THE POLICIES									
	CATED. NOTWITHSTANDING ANY RI FIFICATE MAY BE ISSUED OR MAY									
	LUSIONS AND CONDITIONS OF SUCH							TIEREIN IS SOBJECT TO		TIL TLINIO,
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR		ľ		POLICY EXP (MM/DD/YYYY)	LIMITS	:	
	ENERAL LIABILITY	INSR	WVD	POLICY NOWBER		(MM/DD/YYYY)	(IVIIVI/DD/YYYY)			
- 0.	¬							DAMAGE TO RENTED	\$	
	COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
GI	EN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO-							-	\$	_

	COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		369595	04/01/2013	04/01/2014	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N, A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
В	Professional Liability		DPR9703856	04/01/2013	04/01/2014	Each Claim	1,000,000
						Aggregate	2,000,000

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

Project: Lexington-Fayette Urban Co Government, Lexington, KY

CERTIFICATE HOLDER	CANCELLATION
Lexington-Fayette Urban County Government Theresa Maynard-Buyer Senior 200 East Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Room 338 Government Center	AUTHORIZED REPRESENTATIVE
Lexington, KY 40507	Bune W Ferguson

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/20/2014

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

CONTINUATO NOTACI III NOTA CI						
PRODUCER		CONTACT Stephanie Casey				
Al Torstrick Insur	ance Agency Inc	PHONE (A/C, No, Ext): (859)233-1461 FAX (A/C, No): (859)	281-9450			
343 Waller Avenue		E-MAIL ADDRESS: scasey@altorstrick.com				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
Lexington	KY 40504	INSURER A :Grange Mutual	14060			
INSURED		INSURER B:				
JJL Inc., DBA: L E	Gregg Associates	INSURER C:				
446 E High St		INSURER D:				
		INSURER E :				
Lexington	KY 40505	INSURER F:				
001/504.050	OFFICIOATE NUMBER 2012 2014	DEVIOLON NUMBER				

COVERAGES CERTIFICATE NUMBER:2013-2014

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	ISR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY				,	,	EACH OCCURRENCE \$ 1,000,	000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,	000
A	CLAIMS-MADE X OCCUR			CPP233630806	10/10/2013	10/10/2014	MED EXP (Any one person) \$ 10,	,000
							PERSONAL & ADV INJURY \$ 1,000,	,000
							GENERAL AGGREGATE \$ 2,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,	000
	POLICY X PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,	000
A	X ANY AUTO						BODILY INJURY (Per person) \$	
**	ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS X AUTOS			CPP233630806	10/10/2013	10/10/2014	BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							PIP-Basic \$	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ 2,000,	000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 2,000,	000
	DED X RETENTION\$ 0			CUP-2625460-04	10/10/2013	10/10/2014	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$	
	(Mandatory in NH)	.,,,					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
	Valuable Papers & Records			CPP233630806	10/10/2013	10/10/2014	Valuable Papers covered up to Up	to
A	cov. on premises						\$500,000 Per Loss Aggregate 500,000 ag	ıg.

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

For the Project(s) of: Lexington-Fayette, Urban County Government, Lexington, KY

CERTIFICATE HOLDER CANCELLATION

Lexington-Fayette Urban County Government Theresa Maynard-Buyer Senior Room 338 Government Center 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

Stephanie Casey/MJA

Stephanie Car