



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/25/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> McGriff Insurance Services LLC 4040 Finn Way, Suite 360 Lexington, KY 40517 859 224-8899	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>859 224-8899</b> FAX (A/C, No): <b>8666432259</b>	
	<b>E-MAIL ADDRESS:</b> <b>LouisvilleCL1@mcgriff.com</b>	
<b>INSURED</b> Lagco, Inc. P.O. Box 12510 Lexington, KY 40583-2510	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> Amerisure Insurance Company	<b>NAIC #</b> 19488
	<b>INSURER B :</b> Amerisure Mutual Insurance Co.	<b>23396</b>
	<b>INSURER C :</b> Travelers Property Casualty Co of Amer	<b>25674</b>
	<b>INSURER D :</b> Kentucky Associated Gen. Contract SIF	<b>KYAGCSIF</b>
	<b>INSURER E :</b> Indian Harbor Insurance Company	<b>36940</b>
<b>INSURER F :</b>		

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:2,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPP21157350401	10/31/2024	10/31/2025	EACH OCCURRENCE      \$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$1,000,000
							MED EXP (Any one person)      \$10,000
							PERSONAL & ADV INJURY      \$1,000,000
							GENERAL AGGREGATE      \$2,000,000
							PRODUCTS - COMP/OP AGG      \$2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA21157340401	10/31/2024	10/31/2025	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CU21157380402	10/31/2024	10/31/2025	EACH OCCURRENCE      \$5,000,000
C	<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			EXA234877524NF	10/31/2024	10/31/2025	AGGREGATE      \$5,000,000
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	000207	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$4,500,000 E.L. DISEASE - EA EMPLOYEE      \$4,500,000 E.L. DISEASE - POLICY LIMIT      \$4,500,000
E	Pollution CL			PEC005788704	10/31/2024	10/31/2025	**See Below
B	Leased/Rented Equ			IM21157370402	10/31/2024	10/31/2025	Lmt-\$200,000/Ded-\$1000

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

**\*\*Pollution Policy Number PEC005788703**  
**Job Site Occurrence Limit-\$1,000,000**  
**Job Site Aggregate Limit-\$2,000,000**  
**Job Site Retention Limit-\$5,000**

(See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Lexington Fayette Urban County Government 200 East Main Street Lexington, KY 40507	<b>CANCELLATION</b> 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 

## DESCRIPTIONS (Continued from Page 1)

**\*\* Excess Liability Information \*\***

**C EXA234877524NF Eff Date: 10/31/2024 Exp Date: 10/31/2025**

**Excess Liability Retention: 0**

**Excess Liability Each Occ Limit: \$5,000,000**

**Excess Liability Aggregate Limit: \$5,000,000**

**Lexington Fayette Urban County Government and Palmer Engineering are included as Additional Insured with respect to General Liability and Automobile Liability Coverages where required by written contract.**