



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JC

DATE (MM/DD/YYYY)  
10/02/12

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 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).

<b>PRODUCER</b> <b>Garrett-Stotz Company</b> <b>1601 Alliant Avenue</b> <b>Louisville, KY 40299</b> <b>Thomas J. Mitchell</b>		<b>502-415-7000</b> <b>502-415-7001</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS: sbelden@garrett-stotz.com</b> <b>PRODUCER CUSTOMER ID #: NACHE-1</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> <b>NAC Heavy Highway, Inc.</b> <b>Brian Nash Machinery, Inc.</b> <b>623 Blue Sky Parkway</b> <b>Lexington, KY 40509</b>		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A : Westfield Insurance</b>		<b>24112</b>
		<b>INSURER B : Associated General Contractors</b>		<b>NA</b>
		<b>INSURER C : Travelers Casualty &amp; Surety Co</b>		<b>25674</b>
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

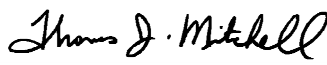
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<b>GENERAL LIABILITY</b>	X		TRA4782783	04/04/12	04/04/13	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> XCU						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							<b>Emp Ben.</b>	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>	X		TRA4782783	04/04/12	04/04/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$
A	<b>UMBRELLA LIAB</b>			TRA4782783	04/04/12	04/04/13	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	<input type="checkbox"/> DEDUCTIBLE							\$
<input checked="" type="checkbox"/> RETENTION \$		\$						
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		Y / N	7092	01/01/12	12/31/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below						N / A	
C	<b>Blkt Bldrs Risk</b>			QT-660-7234N55810	04/04/12	04/04/13	LIMIT	3,000,000
A	<b>Ltd Worksite Poll</b>			TRA4782783	04/04/12	04/04/13	LIMIT	1,000,000

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

**ALL WORK INCL TOWN BRANCH WWTP DEWATERED SLUDGE CONVEYOR REPLACEMENT**  
**CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED, ATIMA**  
**INSURANCE IS PRIMARY & NON-CONTRIBUTORY. 30 DAY WRITTEN NOTICE SHALL BE**  
**GIVEN IN THE EVENT OF CANCELLATION (EXCEPT FOR NON-PAYMENT)**

**CERTIFICATE HOLDER****CANCELLATION**

<b>LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT</b> <b>200 EAST MAIN STREET</b> <b>LEXINGTON, KY 40507</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 
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