ACORD...

Client#: 813876

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2022

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).

PRODUCER	CONTACT NAME:			
McGriff Insurance Services	PHONE (A/C, No, Ext): 859 224-8899	FAX (A/C, No): 8666432260		
200 W Vine Street, Suite 300	E-MAIL ADDRESS:			
Lexington, KY 40507	INSURER(S) AFFORDING COVE	RAGE NA		
859 224-8899	INSURER A: Amerisure Insurance Company	19488		
INSURED	INSURER B : Amerisure Mutual Insurance Co.	23396		
Lagco, Inc.	INSURER C : Kentucky Associated Gen. Contrac	t SIF		
P.O. Box 12510	INSURER D : Indian Harbor Insurance Company			
Lexington, KY 40505	INSURER E:			
	INSURER F :			
COVERAGES CERTIFICATE NUMBER:	REVISION N	UMBER:		

IN	DICA	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY I FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUI	REQUIREMEN PERTAIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY CONTRACT O BY THE POLICIES	R OTHER DO DESCRIBED	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WHICH THIS
ISR TR		TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
A X	X COMMERCIAL GENERAL LIABILITY	5-62-6-1,536-3	CPP21157350201	10/31/2022	10/31/2023	EACH OCCURRENCE	\$1,000,000	
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s1,000,000
							MED EXP (Any one person)	s10,000
							PERSONAL & ADV INJURY	s1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$2,000,000
		PRO-			I .			- 2 000 000

POLICY OTHER 10/31/2022 10/31/2023 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY CA21157340201 \$1,000,000 X ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY \$ В X UMBRELLA LIAB X OCCUR CU21157380202 10/31/2022 10/31/2023 EACH OCCURRENCE \$10,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$10,000,000 X RETENTION SO WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 01/01/2023 01/01/2024 X PER STATUTE 000207 ANY PROPRIETOR/PARTNER/EXECUTIVE N

(Mandatory in 1917) E.L. EACH ACCIDENT \$4,500,000 N (Mandatory in NH) 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 Leased & Rented IM21157370202 10/31/2022 10/31/2023 \$200,000 Limit Equipment

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

PEC005788702

D. Pollution Liability - PEC005788702

10/31/2022 - 10/31/2023

\$1,000,000 Each Claim

\$2,000,000 Aggregate

\$5,000 Deductible

Pollution Liab.

CERTIFICATE HOLDER	CANCELLATION			
Lexington Fayette Urban County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE			

Government 200 East Main St. Lexington, KY 40507

CANCELLED BEFORE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03) RD 25 (2016/03) 1 of 1 #S31145154/M31144969

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PARI

\$1,000 Deductible

10/31/2022 10/31/2023 SEE DESC. OF OPS