ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/08/2012

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).

PARTITION OF THE PARTIT		**				
PRODUCER		CONTACT Karen Marshall				
J Smith Lanier & Co-Lexington Powell-Walton-Milward P O Box 2030		PHONE (A/C, No, Ext): 800 796-3567	9-254-8020			
		E-MAIL ADDRESS: kmarshall@pwm-jsl.com				
		INSURER(S) AFFORDI	NAIC#			
Lexington, KY 40588		INSURER A: Westfield Insurance Co	24112			
NSURED		INSURER B: Great American E&S In	37532			
W. Rogers Company P.O. Box 11640 Lexington, KY 40576	у	INSURER C :				
	• • •	INSURER D:				
mexing ton, it is 400.		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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY Α CMM6803086 10/01/2011 10/01/2012 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY \$300,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 X Inclds Collapse Haz PERSONAL & ADV INJURY \$1,000,000 & Undrgrd Explosion \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 PRODUCTS - COMP/OP AGG X POLICY X PRO-**Property Damage** Deductible \$1,000 AUTOMOBILE LIABILITY 10/01/2011 10/01/2012 COMBINED SINGLE LIMIT CMM6803086 \$1,000,000 Χ BODILY INJURY (Per person) ANY AUTO \$ ALL OWNED SCHEDULED BODILY INJURY (Per accident) | \$ AUTOS AUTOS NON-OWNED PROPERTY DAMAGE Χ Х \$ HIRED AUTOS (Per accident UMBRELLA LIAB A Х 10/01/2011 10/01/2012 EACH OCCURRENCE X OCCUR CMM6803086 \$11,000,000 EXCESS LIAB CLAIMS-MADE \$11,000,000 AGGREGATE DED X RETENTION \$0 WORKERS COMPENSATION WC STATU-TORY LIMITS OTH-ER AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 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 Pollution Liab X PCE164413802 10/1/11 10/1/12 \$1,000,000 per occ \$25,000 deductible \$2,000,000 pol agg DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REF: Project: Wolf Run Pump Station Relocation - Contract A, Bid #21-2012

Certificate Holder is named as Additional Insured as per written contract with respect to the Auto Liability, General Liability and Pollution Liability policies described above and subject to provisions and limitations of the policy. Coverage shall be primary and non-contributory. Auto Liability, General Liability and Pollution Coverages provide a 30 Day Written Notice of Non-Renewal or Change in Coverage.

CERTIFICATE HOLDER	CANCELLATION		
Lexington Fayette Urban County Government 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.		
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE		
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CERTIFICATE OF LIABILITY INSURANCE

WROGE-1

OP ID: SJ

DATE (MM/DD/YYYY) 05/01/12

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.

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ADDRESS: BATTON MAY SURVEY SON LONG TO A RAISON WE ROGERS COMPANY 649 Bizzael Drive Loxington, KY 40576 BRUNERS: BRUNE	Nea Acc	ce Lukens - Lexington ured Ni Insurance Agov Inc			PHONE FAX					
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