



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2021

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

PRODUCER Alliant Insurance Services, Inc. 7108 Fairway Dr., Suite 325 Palm Beach Gardens FL 33418	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS: Bakercerts@alliant.com		FAX (A/C. No.):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Dugan & Meyers LLC 11110 Kenwood Road Cincinnati, OH 45242	INSURER A : Arch Insurance Company		11150
	INSURER B : Arch Indemnity Insurance Compa		30830
	INSURER C : National Fire & Marine Insuran		20079
	INSURER D : American Guarantee and Liabili		26247
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 1181984674

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 INSD	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"/> Contractual Liab <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	11PKG8908311	9/30/2021	9/30/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	11PKG8908311	9/30/2021	9/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	11UFP8980000 AEC1051957-07	9/30/2021 9/30/2021	9/30/2022 9/30/2022	EACH OCCURRENCE \$13,000,000 AGGREGATE \$13,000,000 Follows GL, AL, EL \$
A A B	<input checked="" type="checkbox"/> 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	N/A	11WCI8908111(AOS) 11WCX8908211(OH, incl. EL) 14WCI8953311(CA DC IL IN KY MD MN MO NC OR TX)	9/30/2021 9/30/2021 9/30/2021	9/30/2022 9/30/2022 9/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Pollution Liability	Y	Y	42CNP30614604	9/30/2021	9/30/2022	Each Claim \$11,000,000 Aggregate \$11,000,000

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

Lexington-Fayette Urban County Government and Strand Associates, Inc. are Additional Insured, coverage is provided on the General Liability (per attached CG 2010 04 13 and CG 2037 04 13), Automobile Liability, Excess Liability, subject to the policies' terms and conditions, where required by contract or agreement, on a Primary and Non-Contributory basis. A Waiver of Subrogation applies in favor of the Additional Insured as required by contract or agreement. No policy will permit cancellation without thirty (30) days prior written notice. If the insured is enrolled in a wrap up program, then the General/Umbrella Liability and/or Workers Compensation coverages indicated above afford coverage for 'off-site operations only' when the on-site coverage is included in the wrap up.

CERTIFICATE HOLDER**CANCELLATION**

Lexington-Fayette Urban County Government 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 
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A. Section II – Who Is An Insured This section defines the insured persons under the policy. It includes the policyowner, the insured persons named in the policy, and the insured persons who are members of the insured family.

1. The policyowner.
2. The insured persons named in the policy.

The insured persons who are members of the insured family are the insured persons who are related to the policyowner or the insured persons named in the policy by blood, marriage, or adoption.

Examples:

1. The policyowner's spouse and dependent children.
2. The insured persons named in the policy and their dependent children.

B. This section defines the insured persons who are members of the insured family. It includes the insured persons who are related to the policyowner or the insured persons named in the policy by blood, marriage, or adoption.

Examples of insured persons who are members of the insured family include the policyowner's spouse and dependent children, and the insured persons named in the policy and their dependent children.

1. This section defines the insured persons who are members of the insured family. It includes the insured persons who are related to the policyowner or the insured persons named in the policy by blood, marriage, or adoption.

2. The insured persons who are members of the insured family are the insured persons who are related to the policyowner or the insured persons named in the policy by blood, marriage, or adoption.

C. This section defines the insured persons who are members of the insured family. It includes the insured persons who are related to the policyowner or the insured persons named in the policy by blood, marriage, or adoption.

Section III – Limits Of Insurance: This section defines the limits of insurance under the policy. It includes the maximum amount of insurance that can be paid for the insured persons, and the maximum amount of insurance that can be paid for the insured property.

1. The maximum amount of insurance that can be paid for the insured persons.
2. The maximum amount of insurance that can be paid for the insured property.

Examples:

The maximum amount of insurance that can be paid for the insured persons is the amount of insurance that is specified in the policy. The maximum amount of insurance that can be paid for the insured property is the amount of insurance that is specified in the policy.

A. Section II – Who Is An Insured

Section II – Who Is An Insured. This section defines the insured parties under the policy. It includes definitions for the policyholder, named insured, and additional insured. It also specifies the conditions under which a policy can be assigned to a new insured party.

Section II – Who Is An Insured

1. The policyholder is the insured party under the policy. The policyholder is the person or entity that has the legal right to assign the policy to another party.

2. The named insured is the person or entity named in the policy as the insured party. The named insured is the person or entity that is primarily responsible for the payment of the policy premium.

B. Section III – Limits Of Insurance:

Section III – Limits Of Insurance. This section defines the limits of the insurance coverage. It includes definitions for the policy limit, the per occurrence limit, and the aggregate limit. It also specifies the conditions under which the policy limit can be exhausted.

1. The policy limit is the maximum amount of coverage provided under the policy. The policy limit is the maximum amount of coverage that the insurer will pay for a covered loss.

Section III – Limits Of Insurance

2. The per occurrence limit is the maximum amount of coverage provided under the policy for a single occurrence. The per occurrence limit is the maximum amount of coverage that the insurer will pay for a single occurrence of a covered loss.