ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/13/2012

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).

PRODUCER	CONTACT NAME:			
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800 796-3567	FAX (A/C, No): 859 254-8020		
Powell-Walton-Milward	E-MAIL	(700,10)		
P O Box 2030 Lexington, KY 40588	ADDRESS: INSURER(S) AFFORDING COVERAGE	GE NAIC#		
	INSURER A: Travelers Property Casualty Co.	. 25674		
INSURED	INSURER B: National Union Fire Insurance o	19445		
Lexington Quarry Company	INSURER C : Kentucky Employers Mutual Ins	ur 10320		
c/o The Allen Company 3009 Atkinson Avenue, Suite 300	INSURER D :			
Lexington, KY 40509	INSURER E ;			
Lexington, NT 40509	INSURER F :			

Lexington, KY 40509		INSURER E :						
Ļ	<u> </u>		INSURER F :					
_		ATE 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 PERIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS								
INS	R TYPE OF INSURANCE INSR I		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	GENERAL LIABILITY	DTCO962J2441	03/01/2012	03/01/2013	EACH OCCURRENCE	s1,000,000		
	X COMMERCIAL GENERAL LIABILITY	:			DAMAGE TO RENTED PREMISES (Ea occurrence)	s300,000		
	CLAIMS-MADE X OCCUR	***************************************			MED EXP (Any one person)	s 5,000		
	X PD Ded:5,000	Adding the same of			PERSONAL & ADV INJURY	s 1,000,000		
					GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s2,000,000		
	POLICY X PRO- JECT LOC					\$		
Α	AUTOMOBILE LIABILITY	DT810962J2441	03/01/2012	03/01/2013	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000		
	X ANY AUTO				BODILY INJURY (Per person)	S		
Ì	ALL OWNED SCHEDULED AUTOS			:	BODILY INJURY (Per accident)			
	X HIRED AUTOS X NON-OWNED AUTOS	A Comment			PROPERTY DAMAGE (Per accident)	\$		
						\$		
В	UMBRELLA LIAB X OCCUR	BE045896616	03/01/2012	03/01/2013	EACH OCCURRENCE	s20,000,000		
	X EXCESS LIAB CLAIMS-MADE	***			AGGREGATE	s20,000,000		
	DED RETENTIONS				INC CTATU TOTAL	<u>\$</u>		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	375147	03/01/2012	03/01/2013	X WC STATU- TORY LIMITS OTH- ER	· 		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A	· Children			E.L. EACH ACCIDENT	\$1,000,000		
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	s1,000,000		
	110							
DE:		A A A A A A A A A A A A A A A A A A A						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AUD) DIOCT: #132-2012	tach ACURD 101, Additional Remarks Sc	chedule, if more space is	s required)				
	Certificate Holder is named as Additional Insured as per written contract with respects to the General							
~~	Servinosto rotto in names do raditional modes da per written dont del with reapetio to the deficial							

Liability policy described above and subject to provisions and limitations of the policy.

CERTIFICATE HOLDER	CANCELLATION
LFUCG, Division of Central Purchasing 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 40502	AUTHORIZED REPRESENTATIVE
	A Secretary of the secr

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2012

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.

the terms and conditions of the policy, certain policies madertificate holder in lieu of such endorsement(s).	ay require an endorse	ment. A sta	itement on th	is certificate does not co	onfer rights to the	
PRODUCER	CONTA NAME:	CT				
Marsh USA Inc. 1500 Urban Center Drive, Suite 550 Birmingham, AL 35242		NAME: PHONE FAX				
Altn: Laura McLaughlin (205) 262-2300	ADDRE				l	
		Old Danu	SURER(S) AFFOR	RDING COVERAGE	24147	
J29400-MS-REG-12-13			olic Insurance Co			
Vulcan Construction Materials, LP	INSUR	ERB: N/A			N/A	
PO Box 385014	INSURI	ERC:				
Birmingham, AL 35238-5014	INSURI	ERD:	······································			
	INSURI	ERE:				
	INSURI	RF:				
COVERAGES CERTIFICATE NUMBER		003119305-01		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHEAR TYPE OF INSURANCE ADDLISUBRINSR. WYD FRANCE	OR CONDITION OF AN RANCE AFFORDED BY OWN MAY HAVE BEEN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO WHICH THE CERM	
A GENERAL LIABILITY INSR WYD MWZY 5944	OLICY NUMBER	01/01/2012	01/01/2013		1.00	
X COMMERCIAL GENERAL LIABILITY		0110112012	0 1/0 1/20 13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	
CLAIMS-MADE X OCCUR				MED EXP (Any one person)	\$	
X Contractual				PERSONAL & ADV INJURY	\$	
X Subject to \$50,000 SIR/claim				GENERAL AGGREGATE	\$ 2,00	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO: LOC				PRODUCTS - COMP/OP AGG	\$ 1,00	
A AUTOMOBILE LIABILITY MWTB 2143	4	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 1,00 \$	
ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS AUTOS				PROPERTY DAMAGE (Per accident)	\$ \$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION\$					S	
A WORKERS COMPENSATION MWC 117273	3 00	01/01/2012	01/01/2013	X WC STATU- OTH- TORY LIMITS ER	·	
ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A				E.L. EACH ACCIDENT	\$ 50	
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 50	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, /	Additional Pamarks Scheduls	if more chace i	e required)			
Re: Annual Bid for aggregate (Reference 132-2012). Certificate holder is additional in the Named Insured. General Liability insurance is primary and non-contributory to othe	sured as their interest appears	where required b		but only as respects liability arising	out of the operations of	
CERTIFICATE HOLDER	CANO	ELLATION	 			
LFUCG Purchasing Department 200 East Main Street Lexington, KY 40502		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
gion; 1000L	AUTUO	RIZEN REPRESE	NTATIVE			

Dawn B. adamson

of Marsh USA Inc. Dawn Adamson