



# CERTIFICATE OF LIABILITY INSURANCE

HUBER-1

OP ID: DH

DATE (MM/DD/YYYY)

09/11/13

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> Garrett-Stotz Company 1601 Alliant Avenue Louisville, KY 40299 Chris von Allmen	<b>Phone: 502-415-7000</b> <b>Fax: 502-415-7001</b>	<b>CONTACT NAME:</b> Sally Belden <b>PHONE (A/C, No, Ext):</b> 502-415-7032 <b>FAX (A/C, No):</b> 502-415-7001 <b>E-MAIL ADDRESS:</b> sbelden@garrett-stotz.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : <b>Hamilton Mutual Insurance Co.</b></td> <td><b>14125</b></td> </tr> <tr> <td>INSURER B : <b>Associated General Contractors</b></td> <td><b>NA</b></td> </tr> <tr> <td>INSURER C : <b>Great American Ins. Co.</b></td> <td><b>16691</b></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Hamilton Mutual Insurance Co.</b>	<b>14125</b>	INSURER B : <b>Associated General Contractors</b>	<b>NA</b>	INSURER C : <b>Great American Ins. Co.</b>	<b>16691</b>	INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> <b>Hubert Excavating &amp; Contracting, LLC</b> <b>2590 Bondville Rd</b> <b>Salvisa, KY 40372</b>															

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

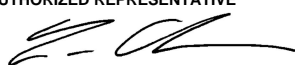
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		3D2014614	03/06/13	03/06/14	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>						
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		3E2014614	03/06/13	03/06/14	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>-0-</b>			3J2014614	03/06/13	03/06/14	EACH OCCURRENCE \$ <b>5,000,000</b>
	AGGREGATE \$ <b>5,000,000</b>						
							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		17741	01/01/13	12/31/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ <b>4,000,000</b>						
	E.L. DISEASE - EA EMPLOYEE \$ <b>4,000,000</b>						
							E.L. DISEASE - POLICY LIMIT \$ <b>4,000,000</b>
C	<b>Inland Marine</b>			IMP9992367-04	03/06/13	03/06/14	Rented Eq <b>250,000</b>
							Inst Fltr <b>600,000</b>

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

Re: Blue Sky Force Pumping Station & Force Main - Contract 1 - Pump Station.  
 LFUCG is included as Additional Insured on a Primary & Non-contributory basis per contract agreement. Agency is responsible for 30 days notice of cancellation except for Non-payment of premium or at the request of the Insured.

**CERTIFICATE HOLDER****CANCELLATION**

<b>LFUCG</b> <b>200 East Main St</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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