

## CERTIFICATE OF LIABILITY INSURANCE

EHICO-1

OP ID: AC

05/20/2014

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	ones Croun	CONTACT Jerry Catlett				
	ance Group derstick Dr Ste. 1104	PHONE (A/C, No, Ext): 859-254-1836 FAX (A/C, No): 859	-226-0277			
Lexington, KY 40505 Jerry Catlett		E-MAIL ADDRESS: jerrycatlett@gchinsurance.com				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: Cincinnati Insurance Company	10677			
INSURED	Edward Holmes, Inc. dba	INSURER B: Twin City Fire Insurance Co	29459			
	EHI Consultants 333 W. Vine Steet., Suite 300	INSURER C:				
	Lexington, KY 40507	INSURER D:				
		INSURER E :				
		INSURER F:				
COVEDA	CERTIFICATE NUMBER.	DEVICION NUMBER				

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 A	NSR TR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			EPP0132363	04/13/2014	04/13/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	ΑՄ	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	Х	ANY AUTO			EPP0132363	04/13/2014	04/13/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
Α		EXCESS LIAB CLAIMS-MADE			EPP0132363	04/13/2014	04/13/2015	AGGREGATE	\$	2,000,000
		DED X RETENTION \$ NIL	1						\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		33WECNC9088	11/05/2013	11/05/2014	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	NIA					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye: DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RFP #20-2014 - Armstrong Mill Road West Neighborhood Small Area Plan

CERTIFICATE HOLDER	CANCELLATION
LFUCG00  Lexington-Fayette Urban  County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Division of Central Purchasing	authorized representative

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Lexington, KY 40507