

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2016

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).

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PRODUCER		CONTACT Cheryl S. Thornsburg				
Hoffman-Robertson		PHONE (A/C, No, Ext):	FAX (A/C, No): (859) 498-3418		
46 Broadway P.O. Box 347 Mount Sterling, KY 40353-0347		E-MAIL ADDRESS: Cheryl.Thornsburg@LimestoneAgency.com				
	347	INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A : SECURA Insurance A Mutual Company		22543		
INSURED BMC Contracting, LLC		INSURER B : Secura Insurance Companies		22543		
		INSURER C: Kentucky AGC/SIF	005			
PO Box 450		INSURER D:				
Mount Sterling, KY 40353		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.

INSR LTR TYPE OF INSURANCE					POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
A X COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			CP3235596	03/27/2016	03/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO				A3235597	03/27/2016	03/27/2017	BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
							,	\$	
UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE			CU3235598	03/27/2016	03/27/2017	AGGREGATE	\$	
DED X RETENTION\$							Aggregate	\$	2,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							X PER OTH-ER		
		N	020642	01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	4,000,000	
(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	4,000,000
	GEN X WORAND ANY OFFICIAL	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PATNIER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I Ves. describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CP3235596 CP3235596 O3/27/2016 O3/27/2017 CP3235596 O3/27/2016 O3/27/2017 CP3235596 O3/27/2016 O3/27/2017 ALCOWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ OX/27/2016 O3/27/2017 CU3235598 O3/27/2016 O3/27/2017 CU3235598 O3/27/2016 O3/27/2017 O3/27/2017 O3/27/2017	TYPE OF INSURANCE INSO WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROLOTY POLICY PROLOTY OTHER: AUTOMOBILE LIABILITY ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS DED X RETENTIONS OMONEWERS COMPENSATION AND EMPLOYERS' LIABILITY N/A NY POPRIETOR/PARTINER/EXECUTIVE OMONEWERS COMPENSATION AND EMPLOYERS' LIABILITY N/A NY ANY POPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) If ves, describe under INSU WORD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYY) (MM/DD/YY) (MM/DD/YYY) (MM/DD/YYY) (MM/DD/YY) (MM/

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Scriedule, may be attached it more space is required

PROJECT:

Cross Keys Pond Improvement

CERTIFICATE HOLDER	CANCELLATION

LFUCG Division of Purchasing Attn: Sondra J. Stone, MA 200 E. Main St. 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

Chary Chornsbur