

## **CERTIFICATE OF LIABILITY INSURANCE**

KSUTTON

7/11/2024

HAZE&SA-01

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).

ting certificate aces not come rights to the certificate holder in fied of se	ion ondorcomoni(o).	
PRODUCER	CONTACT NAME:	
Ames & Gough 8300 Greensboro Drive	PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No): (703) 8	327-2279
Suite 980	E-MAIL ADDRESS: admin@amesgough.com	
McLean, VA 22102	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American Casualty Co of Reading, PA A(XV)	20427
INSURED	INSURER B : National Fire Insurance Company of Hartford A(XV)	20478
Hazen and Sawyer	INSURER C: Continental Casualty Company (CNA) A, XV	20443
498 Seventh Avenue	INSURER D:	
New York, NY 10018	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	ADDL INSD	SUBR		POLICY EFF	POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	I GEIGT NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			7036845683	3/29/2024	3/29/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ Contractual Liab.						MED EXP (Any one person)	\$	15,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			7036845635	3/29/2024	3/29/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							Comp./Coll. Ded	\$	1,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		7036845652	3/29/2024	3/29/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	14,7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Professional Liab.			AEH008231489	3/29/2024	3/29/2025	Per Claim/Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: East Hickman Pump Station Expansion and Rehabilitation Design

Lexington Fayette Urban County Government (LFUCG) is included as additional insured with respect to General Liability and Automobile Liability when required by written contract. General Liability and Automobile Liability are primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and when required by written contract. General Liability, Automobile Liability, and Workers Compensation policies include a waiver of subrogation in favor of the additional insureds where permissible by state law and when required by written contract. 30-day Notice of Cancellation will be issued for the General Liability, Automobile Liability, Workers Compensation and Professional Liability policies in accordance SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Lexington Fayette Urban County Government (LFUCG)	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

ACORD 25 (2016/03)

LOC #: 0



	JINAL KEIVIA	RKS SCHEDULE	Page _ 1_ of _
AGENCY		NAMED INSURED	
mes & Gough		Hazen and Sawyer 498 Seventh Avenue New York, NY 10018	
OLICY NUMBER		New York, NY 10018	
EE PAGE 1	NAIC CODE	_	
EE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
DDITIONAL REMARKS		SEE PAGE 1	
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE 1	TO ACORD FORM		
ORM NUMBER: ACORD 25 FORM TITLE: Certificate of			
Description of Operations/Locations/Vehicles: vith policy terms and conditions. Pollution Liability coverage is provided and inclu Professional Liability policy.	uded within the Pr	ofessional Liability policy noted above	. It shares the limits of the