Client#: 813876 66LAGCOINC

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/01/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:				
McGriff Insurance Services LLC	PHONE (A/C, No, Ext): 859 224-8899	AX A/C, No): 8666432259			
4040 Finn Way, Suite 360	E-MAIL ADDRESS: LouisvilleCL1@McGriff.com				
Lexington, KY 40517	INSURER(S) AFFORDING COVERAGE	NAIC #			
859 224-8899	INSURER A: Amerisure Insurance Company	19488			
INSURED	INSURER B : Amerisure Mutual Insurance Co.	23396			
Lagco, Inc.	INSURER C: Travelers Property Casualty Co of Amer	25674			
P.O. Box 12510	INSURER D : Kentucky Associated Gen. Contract SIF				
Lexington, KY 40583	INSURER E : Indian Harbor Insurance Company	36940			
	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X	COMMERCIAL GENERAL LIABILITY		CPP21157350401	10/31/2024	10/31/2025	EACH OCCURRENCE	\$1,000,000		
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
	X	PD Ded:2,000					MED EXP (Any one person)	\$10,000		
							PERSONAL & ADV INJURY	\$1,000,000		
	GEN	SEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000		
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000		
		OTHER:						\$		
Α	AUT	OMOBILE LIABILITY		CA21157340401	10/31/2024	10/31/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	X						BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
							,	\$		
В	X	UMBRELLA LIAB X OCCUR		CU21157380402	10/31/2024	10/31/2025	EACH OCCURRENCE	\$5,000,000		
C	X	EXCESS LIAB X CLAIMS-MADE		EXA234877524NF	10/31/2024	10/31/2025	AGGREGATE	\$5,000,000		
		DED X RETENTION \$0						\$		
D		RKERS COMPENSATION EMPLOYERS' LIABILITY		000207	01/01/2024	01/01/2025	X PER STATUTE OTH-			
		PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A				E.L. EACH ACCIDENT	\$4,500,000		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$4,500,000		
							E.L. DISEASE - POLICY LIMIT	\$4,500,000		
E	Po	ollution Lia PEC005788704 10/31/2024 10/31/2025 **See Below		**See Below						
В	B Leased/Rented Equ			IM21157370402	10/31/2024	10/31/2025	Lmt-\$200,000/Ded-\$1000			

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

**Pollution Policy Number PEC005788703

Job Site Occurrence Limit-\$1,000,000

Job Site Aggregate Limit-\$2,000,000

Job Site Retention Limit-\$5,000

(See Attached Descriptions)

CERTIFICATE HOLDER

Lexington Fayette Urban County

Government Division Of

Purchasing

200 East Main Street, 3rd Floor,

Room 338

Lexington, KY 40507

CANCELLATION

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

HAROS

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