Client#: 645142 HERRICOMPA

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/27/2023

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).

and continued account contains any rights to the continued of	notes in note of such chaoresment(o).					
PRODUCER	CONTACT Karen S Marshall					
Marsh & McLennan Agency LLC	PHONE (A/C, No, Ext): 859-244-7687 FAX (A/C, No): 8	859-254-8020				
PO Box 2030 360 East Vine Street, Ste 200	E-MAIL ADDRESS: Karen.Marshall@MarshMMA.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
Lexington, KY 40588	INSURER A: Selective Insurance Company of America	12572				
Herrick Company, Inc.	INSURER B: The Cincinnati Casualty Company	28665				
	INSURER C: KY Assoc. General Contractors SIF	999999				
2176 Waddy Road	INSURER D: Tokio Marine Specialty Insurance Compan	23850				
Lawrenceburg, KY 40342-9440	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:	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	S2405322	10/11/2022	10/11/2023	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	X PD Ded:500						MED EXP (Any one person)	\$
							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:							\$
Α	AUTOMOBILE LIABILITY	Υ	Υ	S2405322	10/11/2022	10/11/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X Drive Oth Car							\$
Α	X UMBRELLA LIAB X OCCUR	Υ	Υ	S2405322	10/11/2022	10/11/2023	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED RETENTION \$0							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			007033	01/01/2023	01/01/2024	X PER OTH- STATUTE ER	
	AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$4,500,000
	(Mandatory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$4,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$4,500,000
Α	Builders Risk	Υ	Υ	S2405322	10/11/2022	10/11/2023	3,000,000/2,500 ded	
D	Pollution	Υ		PPK2462716	09/05/2022	09/05/2024	2000000/6000000/25	00ded
Α	Rent/Leased Equip			S2405322	10/11/2022	10/11/2023	40,000/500 ded	

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

Insurer B - Excess Liability:

Policy Number #EXS0667731 Effective Date 10/11/2022 Expiration Date 10/11/23

Limit \$5,000,000 Each Occurrence \$5,000,000 Aggregate

(See Attached Descriptions)

CANCELLATION

Lexington-Fayette County Urban County Government 200 East Main, 3rd Floor, Room 338 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

Chi P. Barnett

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DESCRIPTIONS (Continued from Page 1)
RE: Picadome Pump Station Upgrades
The Lexington-Fayette Urban County Government (Owner) and Strand Associates, Inc., 651 Perimeter Drive,Suite 220, Lexington, KY 40517 (Engineer) are included as additional insured when required by written contract but
only with respects to the auto liability and general liability insurance including ongoing operations per CG2010 and
products and completed operations hazard per CG2037 and subject to the provisions and limitations of the policy.
The auto liability and general liability and professional liability are written on a primary and non contributory basis when required by written contract, subject to the provisions and limitations of the policy.
The Umbrella policy is on a following form basis over the insuring conditions of the underlying scheduled Liability policies.
30 day Notice of Cancellation with respect to General Liability, Auto Liability and Umbrella Liability applies per form CG 28 04 10 93.
LFUCG and Strand Associates, Inc. are included as loss payee with respect to their interest in the Builder's Risk coverage and subject to the provisions and limitations of the policy.