

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/27/2014

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).

<b>PRODUCER</b> <b>BB&amp;T - Insurance Services</b> <b>of Lexington</b> <b>200 W Vine Street, Ste 300</b> <b>Lexington, KY 40507</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 859 224-8899</b> <b>FAX (A/C, No): 8666432260</b> <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> <b>Grants Excavating Inc</b> <b>P.O. Box 298</b> <b>Richmond, KY 40476</b>	<table border="1"> <thead> <tr> <th data-bbox="815 426 1433 447">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1563 447">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="815 447 1433 478"><b>INSURER A : Westfield Insurance Company</b></td> <td data-bbox="1433 447 1563 478"><b>24112</b></td> </tr> <tr> <td data-bbox="815 478 1433 510"><b>INSURER B : Kentucky Associated Gen. Contra</b></td> <td data-bbox="1433 478 1563 510"><b>WCSIF</b></td> </tr> <tr> <td data-bbox="815 510 1433 541"><b>INSURER C : Nautilus Insurance Company</b></td> <td data-bbox="1433 510 1563 541"></td> </tr> <tr> <td data-bbox="815 541 1433 573"><b>INSURER D :</b></td> <td data-bbox="1433 541 1563 573"></td> </tr> <tr> <td data-bbox="815 573 1433 604"><b>INSURER E :</b></td> <td data-bbox="1433 573 1563 604"></td> </tr> <tr> <td data-bbox="815 604 1433 634"><b>INSURER F :</b></td> <td data-bbox="1433 604 1563 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Westfield Insurance Company</b>	<b>24112</b>	<b>INSURER B : Kentucky Associated Gen. Contra</b>	<b>WCSIF</b>	<b>INSURER C : Nautilus Insurance Company</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <b>PD Ded:1,000</b>  <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> <b>POLICY</b> <input checked="" type="checkbox"/> <b>PROJECT</b> <input checked="" type="checkbox"/> <b>LOC</b>			<b>TRA5262058</b>	<b>06/04/2013</b>	<b>06/04/2014</b>	<table border="1"> <tr><td>EACH OCCURRENCE</td><td><b>\$1,000,000</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td><b>\$500,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td><b>\$15,000</b></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td><b>\$1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td><b>\$2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td><b>\$2,000,000</b></td></tr> <tr><td></td><td><b>\$</b></td></tr> </table>	EACH OCCURRENCE	<b>\$1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$500,000</b>	MED EXP (Any one person)	<b>\$15,000</b>	PERSONAL & ADV INJURY	<b>\$1,000,000</b>	GENERAL AGGREGATE	<b>\$2,000,000</b>	PRODUCTS - COMP/OP AGG	<b>\$2,000,000</b>		<b>\$</b>
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<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> <b>N</b> <b>Y/N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>15004</b>	<b>01/01/2014</b>	<b>12/31/2014</b>	<table border="1"> <tr> <td><input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b></td> <td><input type="checkbox"/> <b>OTHER</b></td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td><b>\$4,000,000</b></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td><b>\$4,000,000</b></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td><b>\$4,000,000</b></td></tr> </table>	<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b>	<input type="checkbox"/> <b>OTHER</b>		E.L. EACH ACCIDENT		<b>\$4,000,000</b>	E.L. DISEASE - EA EMPLOYEE		<b>\$4,000,000</b>	E.L. DISEASE - POLICY LIMIT		<b>\$4,000,000</b>		
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<b>A</b>	<b>Leased/Rented</b>			<b>TRA5262058</b>	<b>06/04/2013</b>	<b>06/04/2014</b>	<b>1,200,000 Ded 5,000</b>														
<b>C</b>	<b>Pollution Liabili</b>			<b>CPL040000906</b>	<b>03/20/2014</b>	<b>03/20/2015</b>	<b>2,000,000 Agg 1,000,000 Occ</b>														

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

**Lexington Fayette Urban County Government is considered an Additional Insured with respect to General & Auto Liability. This insurance is Primary Non-Contributory. 30 Day Notice of Cancellation applies (except for Non Pay. XCU is not excluded under the CGL coverage.**

**CERTIFICATE HOLDER****CANCELLATION**

<b>Lexington Fayette Urban County Government</b> <b>200 W Main St</b> <b>Lexington, KY 40507</b>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Jaime Miller</i></p>
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