Client#: 1677388 64MACCON

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2020

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).

mile commence accession comes and rights to the commence in the	• • • • • • • • • • • • • • • • • • • •			
PRODUCER	CONTACT NAME:			
McGriff Insurance Services	PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No): 866	881-2185		
2600 Eastpoint Parkway	E-MAIL ADDRESS: CHovekamp@McGriffInsurance.com			
Louisville, KY 40223	INSURER(S) AFFORDING COVERAGE	NAIC#		
502 489-5900	INSURER A: Phoenix Insurance Company	25623		
INSURED	INSURER B : Travelers Property Casualty Co of Amer	25674		
MAC Construction & Excavating Inc	INSURER C : Navigators Specialty Insurance Company	36056		
P O Box 6787	INSURER D:			
New Albany, IN 47151-6787	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 SI	UBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMIT:	s
A	Х	COMMERCIAL GENERAL LIABII		INSK W	VVD	VTC2NCO5648B343PHX	01/01/2020			\$2,000,000
		CLAIMS-MADE X OCC	CUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	Х	BI/PD Ded:150000							MED EXP (Any one person)	\$5,000
									PERSONAL & ADV INJURY	\$2,000,000
	GEN	I'L AGGREGATE LIMIT AP <u>PLIE</u> S P	PER:						GENERAL AGGREGATE	\$4,000,000
		POLICY PRO- LO	ос						PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:								\$
В	AUT	OMOBILE LIABILITY				VTC2JCAP5648B355TI	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
		OWNED SCHEDU AUTOS							BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OV AUTOS							PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB X OCC	CUR			VTSMJCUP5648B367TI	01/01/2020	01/01/2021	EACH OCCURRENCE	\$20,000,000
		EXCESS LIAB CLA	IMS-MADE						AGGREGATE	\$20,000,000
		DED X RETENTION \$100	00							\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY				UB1L6120251925D	01/01/2020	01/01/2021	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECU CER/MEMBER EXCLUDED?	TIVE Y/N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)	IN	.,,,					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS belov	W						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Exc	cess Liability				2F20EXCZ03KIC	01/01/2020	01/01/2021	\$5,000,000 OCC/AG	G
	\$5	M over \$20 M								

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

Project: Versailles Road Corridor Improvements Bid #48-2020 - MAC Project #120167

Lexington-Fayette Urban County Government is recognized as Additional Insured under General Liability and Auto Liability coverages as required by written contract or agreement. Coverage is Primary and Non Contributory under General Liability and Auto Liability when required by written contract. Coverage will not extend to any additional insured that is not provided by the insurance policy nor that is any broader (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Lexington-Fayette Urban County Government 200 East Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE
	MXBHEL

© 1988-2015 ACORD CORPORATION. All rights reserved.

DESCRIPTIONS (Continued from Page 1)						
coverage than the requirement of the written contract or agreement. 30 Days Notice of Cancellation/Non Renewal is afforded to the certificate holder; 10 Days for Non-Payment of premium.						