

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/26/2023

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

PRO	DUCE	R				CONTACT Keeley Young					
MA	NN S	UTTON and MCGEE				PHONE (A/C, No, Ext): (859) 225-3661 FAX (A/C, No): (859) 225-8351					
135	3 Lee	estown Rd.				E-MAIL Keeley@msmltdins.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
Lexington KY 40508							INSURER A: Motorist Insurance				13331
INSU	RED					INSURER B: Brickstreet Mutual Insurance Comapny					12375
Tate-Hill-Jacobs Architects Inc						INSURER C: CNA Insurance Companies					20443
446 East High Street						INSURER D:					
Suite 250							RE:				
Lexington KY 40507-1584						INSURER F :					
CO	/ER	AGES CER	TIFIC	ATE I	NUMBER: CL229270289						
						ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
		TED. NOTWITHSTANDING ANY REQUIFICATE MAY BE ISSUED OR MAY PERTA									
		ISIONS AND CONDITIONS OF SUCH PO	,						OBJECT TO ALL THE TERMS	,	
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	×	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(IVIIVI/DD/TTTT)	(MINIDD/TTTT)	EACH OCCURRENCE	\$ 1,00	00,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	,000
		CEANVIO-IVIADE 7 000010							MED EXP (Any one person)	\$ 5,00	00
A		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- OTHER:		5000135919	5000135919		09/29/2022	09/29/2023	PERSONAL & ADV INJURY	\$	
	GEN								GENERAL AGGREGATE	\$ 2,000,000	
	GLI								PRODUCTS - COMP/OP AGG	Ψ	00,000
									PRODUCTS - COMP/OF AGG	\$	
	AUTOMOBILE LIABILITY						09/29/2022	09/29/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
		ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$	
Α					5000135919				BODILY INJURY (Per accident)	\$	
	×	IRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		ACTOC CIVET							(i or docidoni)	\$	
	×	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s 1,00	00,000
Α		EXCESS LIAB CLAIMS-MADE DED RETENTION \$			5000136063		09/29/2022	09/29/2023	AGGREGATE	\$ 1,00	00,000
										s	
В	WORKERS COMPENSATION						00/20/2022	00/20/2022	➤ PER OTH-	_	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		WCD1022050				E.L. EACH ACCIDENT	s 1,00	00,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				WCB1032859		09/29/2022	09/29/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000	
С	Professional Liability								Aggregate	2,00	00,000
					AEH004313946		09/29/2022	09/29/2023	Occurence	1,00	00,000
									Deductible	10,0	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
LFUCG Police Roll Call West											

CERTIFICAT	E HOLDER		CANCELLATION				
	LFCUG 200 E 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.				
	200 E Wall Greek		AUTHORIZED REPRESENTATIVE				
	Lexington	KY 40507	J.P. Hig				