

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/3/2025

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.

Higginbotham Insurance Agency, Inc. 1700 Eastpoint Parkway P.O. Box 23790 Louisville KY 40223  Naureo  GRW Engineers Inc. 100 Service	-	If SUBROGATION IS WAIVED, subject this certificate does not confer rights to the confer right	t to t	the te	erms and conditions of the tificate holder in lieu of su	uch endorsement(s	olicies may ).	require an endorseme	nt. A statement o
Process						NAME: Ashley Bu	ckner		
P.O. Box 23790 Louisville KY 4023  Licenseff: 2081754 MSURER 1 The Confinential Insurance Company 3525 MSURER 1 The Confinential Insurance Company 3525 MSURER 2 Transportation insurance Company 3525 MSURER 2 Transportation insurance Company 3525 MSURER 3 Transportation insurance Company 3525 MSURER 2 Transportation insurance Company 3525 MSURER 2 Transportation insurance Company 1653 MSURER 3 Transportation insurance Company 1653 MSURER 2 Trans	17	igginbotnam insurance Agency, inc. 700 Fastpoint Parkway							
License#: 2081754  NSURED GRWENGHOT GRWENGHOT GRWENGHOT ACTION American Insurance Company 2045 NSURER 1: Transportation Insurance Company 2045 NSURER 2: Kentucky Employers' Mutual Insurance Authority 2046 NSURER 2: XL Specialty Insurance Company 2047 NSURER 2: XL Specialty Insura	Ρ.	.O. Box 23790				F-MAII			
NSURED   CRWENGION   SPECIAL   SUBSTITUTE	Lc	ouisville KY 40223							NAIC #
INSURED GRW Enjineers Inc. 801 Corporate Drive Lexington KY 40503  Reversely 1032  Lexington KY 40503  Reversely 1032  Lexington KY 40503  Reversely 1032  Rev					l icense#: 2081754				
BOY Corporate Drive Lexington KY 40503  MISURER C: Kentucky Employers' Mutual Insurance Authority 1032 INSURER C: Curich American Insurance Company 1653 INSURER C: Curich American Insurance Co. 1764 INSURED NOT INSURED NAMED ABOVE FOR THE POLICY PERIOD COMPANY 1775 INSURED NAMED AND INSURED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURER C: Kentucky Employers' Mutual Insurance Co. 1775 INSURER C: Curich American Insurance Another Insurance Another Insurance And Insuran			Phone   Phon						
INSURER D : Zurich American Insurance Company   1653   NSURER D : Zurich American Insurance Company   2044   NSURER P : Continental Casually Company   2044   2046   204	G	RW Engineers Inc.							
INSURER E: XL Specialty Insurance Co. 3788  INSURER F: Continental Casualty Company 2044  COVERAGES CERTIFICATE NUMBER: 1677082840  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANED ABOVE FOR THE POLICY PERINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  SET IN TYPE OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  SET IN TYPE OF INSURANCE AFFORDED BY THE POLICY EXPENSION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  F X COMMERCIAL GENERAL LIABILITY Y 7 7064260784  SOURCE AND ANY ANY AUTO OTHER.  GENERAL AGGREGATE LIMIT APPLIES PER: POLICY EXPENSION OF SUCH POLICY ANY ANY AUTO OTHER.  A ANY AUTO OTHER.  B AUTOMOBILE LIABILITY Y Y BUA 7064260767  ANY ANY AUTO OTHER.  A WAY AUTO OTHER.  A WAY AUTO OTHER.  C WORKERS COMPENSATION AND CLAIMS. AND AUTOS ONLY Y CUE 7064260770  A WORKER F: COntinental Casualty Company PERSONAL A DAY INJURY (Per person) \$ 10,000,000 OTHER.  EXCESS LIAB CLAIMS-MADE AUTOS ONLY Y OF AUTOS ONLY Y OF AUTOS ONLY Y Y CUE 7064260770  AND SHAPE CONTROL AND AUTOS ONLY Y AUTOS ONLY Y Y CUE 7064260770  AND SHAPE CONTROL AUGUST OF AUTOS ONLY Y Y CUE 7064260770  AND SHAPE CONTROL AUTOS ONLY Y AUTOS ONLY Y Y CUE 7064260770  AND SHAPE CONTROL AUTOS ONLY Y Y CUE 7064260770  AND SHAPE CONTROL AUTOS ONLY Y Y CUE 7064260770  AND SHAPE CONTROL AUTOS ONLY Y Y CUE 7064260770  AND SHAPE CONTROL AUTOS ONLY Y Y CUE 7064260770  AND SHAPE CONTROL AUTOS ONLY Y Y									
UNSURER F : Continental Casualty Company 2044  COVERAGES CERTIFICATE NUMBER: 1677082840  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TILD CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURANCE ADDITIONS OF SUCH POLICIES. DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONTINUENCE BEEN REDUCED BY PAID CLAIMS.  INSURANCE ADDITIONS OF SUBJECT TO ALL THE TERM OF THE POLICY PERIOD BECKNED BE ADDITIONS OF THE POLICY PERIOD BECKNED BE ADDITION OF THE POLICY PERIOD BECKNED BE ADDITION OF THE POLICY PERIOD BECKNED BE ADDITION OF THE POLICY PERIOD BECKNED BECKN		miligion (C) 10000						7 7	
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH IT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF INSURANCE  ADD LSURB INSU WID.  F X COMMERCIAL GENERAL LIABILITY  Y Y 7064260784  ADD LSURB INSU WID.  F X COMMERCIAL GENERAL LIABILITY  Y Y 7064260784  AUTOMOBILE LIBRILITY  X ANY AUTOMOBILE LIBRILI	CC	OVERAGES CFR	TIFIC	CATI	F NUMBER: 1677082840	INSURER F : COTTAINET	20443		
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CLAIMS-MADE   X   OCCUR   ST.000,000   DAMAGE TO RENTED   S.500,000   PREMISES (Ea occurrence)   S.500,000   PRODUCTS - COMPIOP AGG   S.2,000,000   PRODUCTS - COMPIOP AGG   S.2,000,000   PRODUCTS - COMPIOP AGG   S.2,000,000   S.2,000,000   PRODUCTS - COMPIOP AGG   S.2,000,000   S.2,000,000   PRODUCTS - COMPIOP AGG   S.2,000,00			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMI	TS
Personal & Adv Injury   \$1,000,000	٢		Y	Y	7064260784	3/1/2025	3/1/2026	DAMAGE TO RENTED	
GEN'L AGGREGATE LIMIT APPLIES PER:   POLICY   X   PRO-   LOC     OTHER:     B   AUTOMOBILE LIABILITY   X   ANY AUTO     OWNED   AUTOS ONLY   X   AUTOS ONLY								MED EXP (Any one person)	\$ 15,000
POLICY   X   PRODUCTS - COMP/OP AGG   \$2,000,000								PERSONAL & ADV INJURY	\$ 1,000,000
DTHER:   S   S   S   S   S   S   S   S   S								GENERAL AGGREGATE	\$ 2,000,000
B								PRODUCTS - COMP/OP AGG	
X	В	AUTOMOBILE LIABILITY	Υ	Υ	BUA 7064260767	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT	
CWRED   AUTOS ONLY   AUTOS ONLY   AUTOS ONLY   AUTOS ONLY   X   AUTOS ONLY   AUTOS ONLY   AUTOS ONLY   X   AUTOS ONLY   AUTOS		X ANY AUTO				0, 112520			
A   X   UMBRELLA LIAB   X   OCCUR   Y   Y   CUE 7064260770   3/1/2025   3/1/2026   EACH OCCURRENCE   \$10,000,000		X HIRED X NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
EXCESS LIAB CLAIMS-MADE  DED X RETENTIONS 10 000  C WORKERS COMPENSATION DAILONG WC 7843489-01  AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  E Professional Liability 8  Contractors Politics Liability								i or accidenty	\$
DED   X   RETENTION \$ 10,000   S	Α	ENGLISH	Υ	Y	CUE 7064260770	3/1/2025	3/1/2026		
C   WORKERS COMPENSATION   AND EMPLOYERS' LIABILITY   ANYPROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)   If yes, describe under DESCRIPTION OF OPERATIONS below   Y   DPR5040767   3/1/2025   3/1/2026   X   STATUTE   OTHERN   STATUTE   STAT		V						AGGREGATE	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - EA EMPLOYEE \$1,000,000  E.L. DISEASE - POLICY LIMIT \$1,000,000  E.L. DISEASE - POLICY LIMIT \$1,000,000  E.L. DISEASE - POLICY LIMIT \$1,000,000  Per Claim \$5,000,000	С	WORKERS COMPENSATION			361580	3/4/2025	2/4/2020	V PER OTH-	\$
OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000  Per Claim  5,000,000  Per Claim  5,000,000			N/A					A STATUTE ER	
If yes, describe under   DESCRIPTION OF OPERATIONS below   E.L. DISEASE - POLICY LIMIT \$ 1,000,000		OFFICER/MEMBEREXCLUDED?							
E Professional Liability & Y DPR5040767 3/1/2025 3/1/2026 Per Claim 5,000,000		If yes, describe under						17.00	\$ 1,000,000
Contractors Pollution Liab 5,000,000	F		-	v	DDD5040707				
Aggregate 5,000,000	_	Contractors Pollution Liab		1	DPR5040767	3/1/2025			
THE EXPIRATION DATE THEREOE MOTICE WILL BE BEINGERED !		Lexington-Fayette Urban Co 200 East Main Street	/ Gov	vernment	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

Lexington KY 40507

**AUTHORIZED REPRESENTATIVE**