Client#: 654244 LEXINQUARR

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/18/2023

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 continuate account control any rights to the continuate holder in hear | r caer criacreement(e). | | | |
|--|--|-------|--|--|
| PRODUCER | CONTACT Andrea R Lingenfelter CIC | | | |
| Marsh & McLennan Agency LLC | PHONE FAX (A/C, No, Ext): - (A/C, | No)· | | |
| PO Box 2030 | E-MAIL ADDRESS: Andrea.Lingenfelter@MarshMMA.com | | | |
| 360 East Vine Street, Ste 200 | INSURER(S) AFFORDING COVERAGE | | | |
| Lexington, KY 40588 | INSURER A: The Cincinnati Insurance Company | | | |
| INSURED | INSURER B : AXIS Surplus Insurance Company | | | |
| Lexington Quarry Company | INSURER C: Kentucky Employers Mutual Insurance | 10320 | | |
| c/o The Allen Company | INSURER D: Federal Insurance Company | 20281 | | |
| 3009 Atkinson Avenue, Suite 300 | INSURER E: | | | |
| Lexington, KY 40509 | 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|-------------|---------------|---|--------------|-------------|---------------------------------|----------------------------|----------------------------|---|--------------------|
| Α | X | COMMERCIAL GENERAL LIABILITY | | | ENP0645525 | 03/01/2023 | | EACH OCCURRENCE | \$1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | Ī | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$500,000 |
| | Х | PD Ded:5,000 | | | | | <u> </u> | MED EXP (Any one person) | \$10,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | _ | GENERAL AGGREGATE | \$2,000,000 |
| | | POLICY JECT LOC | | | | | <u> </u> | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | OTHER: | | | | | | COMPINED OINOLE LIMIT | \$ |
| Α | AUT | OMOBILE LIABILITY | | | ENP0645525 | 03/01/2023 | 03/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | X | ANY AUTO | | | | | _ | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| В | | UMBRELLA LIAB OCCUR | | | P00100009586705 | 03/01/2023 | 03/01/2024 | EACH OCCURRENCE | \$5,000,000 |
| | X | EXCESS LIAB X CLAIMS-MADE | | | | | | AGGREGATE | \$5,000,000 |
| | | DED RETENTION \$ | | | | | | | \$ |
| С | | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | 375147 | 03/01/2023 | 03/01/2024 | X PER STATUTE OTH- | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE T / N | N/A | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mar | CER/MEMBER EXCLUDED? Indatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| | | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| D | Leased/Rented | | | | 06703124 | 03/01/2023 | 03/01/2024 | \$2,500,000 Limit | |
| | Ab | oveGround Equip | | | | | | | |
| | Un | derround Equip | | | | | | \$5,000,000/\$100,000 | Ded |
| DESC | DIDT | TON OF OPERATIONS / LOCATIONS / VEHIC | 1 ES // | COPI | 101 Additional Pomarks Schodulo | may be attached if me | ro enaco ie roqui | rod) | |

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

Lexington - Fayette Urban County Government is included as additional insured when required by written contract but only with respects to the auto liability and general liability insurance and subject to the provisions and limitations of the policy.

The auto liability and general liability insurance is written on a primary and non-contributory basis when (See Attached Descriptions)

| 02.(1):10/(12.1)0252.(| 07(III0) I |
|--|--|
| LFUCG 200 East Main Street Lexington, KY 40502 | 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 |

CANCELL ATION

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE HOLDER

| DESCRIPTIONS (Continued from Page 1) |
|---|
| required by written contract, subject to the provisions and limitations of the policy. |
| 30 day Notice of Cancellation with respect to General Liability and Auto Liability applies. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |