

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/11/2014

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)

certificate floider in fled of Suc	n endorsement(s).					
PRODUCER		CONTACT NAME: Sandra Burnash				
Arthur J. Gallagher Risk Manag	, ·	PHONE (A/C, No, Ext):502-716-7851	FAX (A/C, No):502-716-7909			
9300 Shelbyville Road, Suite 70 Louisville KY 40222		E-MAIL ADDRESS:Sandra burnash@ajg.com				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Westfield Insurance Company		24112		
INSURED		INSURER B :KY AGC/SIF				
Lagco, Inc.		INSURER C:				
P Ō Box 12510 Lexington, KY 40583		INSURER D:				
		INSURER E:				
		INSURER F:				
COVEDACES	CERTIFICATE NUMBER: 044740000	DEVISION NUI	MDED.			

COVERAGES CERTIFICATE NUMBER: 344743936 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.

	AND CONSTITUTE OF SOME THAT SHOWN WAT THAT BEEN RESIDENCE.						
INSR LTR	TYPE OF INSURANCE	INSR WV	D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	Y	CMM0812485	10/31/2013	10/31/2014	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$500,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$15,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT LOC						\$
Α	AUTOMOBILE LIABILITY		CMM0812485	10/31/2013	10/31/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		CMP5541253	10/31/2013	10/31/2014	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		207-0	1/1/2014	12/31/2014	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$4,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$4,000,000

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

Per Endorsement Products and Completed Operations CG2037 (04/13) LFUCG is an additional insured on the General Liability policy when required by written contract with the named insured. Endorsement CG 2001 (04/13) shall provide in the General Liability policy primary and any other insurance shall be excess only and not Contributing. Pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

Project: Meadows Northland Arlington Neighborhood Improvement Project Phase 5C--Carlisle Ave Project or Job #: Bid 97-2014

CERTIFICATE HOLDER	CANCELLATION			
LFUCG 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 USA	Chistic Heeves			