

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR DISCATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

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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).

| · · · · · · · · · · · · · · · · · · ·                                  |   |          |  |  |  |
|--|---|----------|--|--|--|
| PRODUCER   | CONTACT Ashley Hacker                                     |          |  |  |  |
| Lexington (C&S) / AssuredPartners NL<br>2416 Sir Barton Way, Suite 300 | PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, No): (859) | 543-1987 |  |  |  |
| Lexington, KY 40509  | E-MAIL ADDRESS: ashley.hacker@assuredptrnl.com            |          |  |  |  |
|  | INSURER(S) AFFORDING COVERAGE                             | NAIC #   |  |  |  |
|  | INSURER A: Selective Insurance of South Carolina          | 19259    |  |  |  |
| INSURED  | INSURER B:  |          |  |  |  |
| C&R Asphalt, LLC   | INSURER C:  |          |  |  |  |
| PO Box 8201  | INSURER D:  |          |  |  |  |
| Lexington, KY 40533  | 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.

|        | TYPE OF INSURANCE                                 |  |   | DOLLOY NUMBER   | POLICY EFF  | POLICY EXP  |  | · c  |  |
|--------|---|--|---|---|---|---|--|--|--|
| v      |   | INSD   | WVD   | POLICY NUMBER   | (MM/DD/YYYY)  | (MM/DD/YYYY)  |  |  | 4 000 000  |
| ^      |   |  |   |   |   |   |  | \$   | 1,000,000  |
|        | CLAIMS-MADE X OCCUR                               |  |   | S 2217415   | 03/20/2016  | 03/20/2017  | PREMISES (Ea occurrence)   | \$   | 100,000  |
|        |   |  |   |   |   |   | MED EXP (Any one person)   | \$   | 5,000  |
|        |   |  |   |   |   |   | PERSONAL & ADV INJURY  | \$   | 1,000,000  |
| GEN    |   |  |   |   |   |   | GENERAL AGGREGATE  | \$   | 2,000,000  |
|        | POLICY X PRO-<br>JECT LOC                         |  |   |   |   |   | PRODUCTS - COMP/OP AGG   | \$   | 2,000,000  |
|        | OTHER:  |  |   |   |   |   |  | \$   |  |
| AUT    | OMOBILE LIABILITY                                 |  |   |   |   |   | COMBINED SINGLE LIMIT (Ea accident)  | \$   | 1,000,000  |
| X      | ANY AUTO  |  |   | S 2217415   | 03/20/2016  | 03/20/2017  | BODILY INJURY (Per person)   | \$   |  |
|        | ALL OWNED SCHEDULED AUTOS                         |  |   |   |   |   | BODILY INJURY (Per accident)   | \$   |  |
|        | HIRED AUTOS NON-OWNED AUTOS                       |  |   |   |   |   | PROPERTY DAMAGE<br>(Per accident)  | \$   |  |
|        |   |  |   |   |   |   |  | \$   |  |
| Х      | UMBRELLA LIAB X OCCUR                             |  |   |   |   |   | EACH OCCURRENCE  | \$   | 5,000,000  |
|        | EXCESS LIAB CLAIMS-MADE                           |  |   | S 2217415   | 03/20/2016  | 03/20/2017  | AGGREGATE  | \$   | 5,000,000  |
|        | DED X RETENTION \$ 0                              |  |   |   |   |   |  | \$   |  |
|        | EMPLOYEDOLLIA DILITY                              |  |   |   |   |   | PER OTH-<br>STATUTE ER   |  |  |
| ANY    | PROPRIETOR/PARTNER/EXECUTIVE                      | N/A  |   |   |   |   | E.L. EACH ACCIDENT   | \$   |  |
| (Mar   | ndatory in NH)                                    | IV, A  |   |   |   |   | E.L. DISEASE - EA EMPLOYEE   | \$   |  |
| If yes | s, describe under<br>CRIPTION OF OPERATIONS below |  |   |   |   |   | E.L. DISEASE - POLICY LIMIT  | \$   |  |
| Equ    | ipment Floater                                    |  |   | S 2217415   | 03/20/2016  | 03/20/2017  | Leased/Rented Equip  |  | 250,000  |
| Equ    | ipment  |  |   | S 2217415   | 03/20/2016  | 03/20/2017  | Deductible   |  | 2,500  |
|        |   |  |   |   |   |   |  |  |  |
|        | X  X  WOFF AND OFF (Mar If yee DES) Equ           | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- DOTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Equipment Floater | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCY X PRODUCY I LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Equipment Floater | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A  NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Equipment Floater  INSD WVD POLICY NUMBER  S 2217415  S 2217415  S 2217415 | TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Equipment Floater  S 2217415  O3/20/2016  S 2217415  O3/20/2016  S 2217415  O3/20/2016 | TYPE OF INSURANCE  INSD WVD POLICY NUMBER  (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALUTOS AUTOS | TYPE OF INSURANCE INSD W/D  POLICY NUMBER  (MM/DD/YYYY) (GENERAL AGRICAL (GENERAL AGGREGATE (COM/BINED SINGLE LIMIT (Ea accident) (Ea accident) (DM/D (MM/DD/YYY) (Ea accident) (DM/D (MM/DD/YYY) (EA CHOCCURENCE (EACH OCCURENCE (EACH | TYPE OF INSURANCE  INSD W/D  POLICY NUMBER  (MM/DD/YYY)  (MM/DD/YY)  (MD YERMISE (EACH OCCURRENCE)  (MED 187  (MED 187  (ND Yelly (Ney (Ny operson))  (GRIC 187  (MED 187  (ND Yelly (Ny operson))  (GRIC 187  (MED 187  (MD Yelly (Ny operson))  (GRIC 187  (MED 187  (MED 187  (ND Yelly (Ny operson))  (GRIC 187  (MED |

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

Blanket Additional Insured applies for General Liability on a primary and non-contributory basis as required by contract (some exclusions apply) per form CG7202

Blanket Additional Insured applies for Auto Policy (some exclusions apply)

Waiver of Transfer of Rights of Recovery (subrogation) applies to General Liability and Auto Liability policies, and Umbrella policy as it follows form.

\$2,500 deductible applies for Leased/Rented and Scheduled Equipment

Designated Construction Project Aggregate Limit applies per form CG2503

Designated Location General Aggregate Limit applies per form CG2504

| CERTIFICATE HOLDER                                | CANCELLATION   |  |  |  |
|---|--|--|--|--|
| LFUCG<br>200 E Main Street<br>Lexington, KY 40507 | 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  |  |  |  |
|   | Jerry Stafford   |  |  |  |
|   |  |  |  |  |