

BANKENG-01 CERTIFICATE OF LIABILITY INSURANCE

EBURCHETT

9/15/2025

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. 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).

this certificate does not confer rights to the certificate holder in lieu of superconductions of the c						CONTACT NAME: PHONE (A/C, No, Ext): (859) 498-3410 FAX (A/C, No, Ext): (859) 498-3418						
Mount Sterling, KY 40353-0347						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Secura Insurance Companies					22543	
Banks Engineering Inc 1211 Jessamine Station Pike Nicholasville, KY 40356						INSURER B:						
						INSURER C:						
						R D :						
	Micholasville, RT 40550		INSURER E :									
						INSURER F:						
				NUMBER:				REVISION NUI				
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WI' BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X COMMERCIAL GENERAL LIABILITY					,	·	EACH OCCURREN	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			BP3436776		5/5/2025	5/5/2026	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	100,000	
								MED EXP (Any one		\$	10,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- LOC OTHER: General Aggregate							PRODUCTS - COM	P/OP AGG	\$ \$	2,000,000	
Α	AUTOMOBILE LIABILITY			A3436777		5/5/2025	5/5/2026	COMBINED SINGLI (Ea accident)	E LIMIT	s	1,000,000	
	X ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	GE	\$		
	NOTES SINE!									\$		
Α	X UMBRELLA LIAB X OCCUR			CU3436779		5/5/2025	5/5/2026	EACH OCCURREN	CE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	2,000,000	
	DED X RETENTION \$ 10,000									\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
		N/A		WC3436778		5/5/2025	5/5/2026	E.L. EACH ACCIDE		\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
LFUCG Division of Water Quality 125 Lisle Industrial Ave					ACCORDANCE WITH THE POLICY PROVISIONS.							
	Lexington, KY 40511		AUTHORIZED REPRESENTATIVE									