Exhibit B

Certificate of Insurance

And

Evidence of Insurability



CERTIFICATE OF LIABILITY INSURANCE

5/1/2023

DATE (MM/DD/YYYY) 4/22/2022

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).

1	LOCKTON COMPANIES 444 W. 47TH STREET, SUITE 900 KANSAS CITY MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:				
	(810) 900-9000	INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: Berkshire Hathaway Specialty Insurance Co	ompany 22276			
INSURED	STANTEC CONSULTING SERVICES INC.	INSURER B: Travelers Property Casualty Co of America	25674			
11/26517	370 INTERLOCKEN BOULEVARD, SUITE 300	INSURER C:				
	BROOMFIELD CO 80021-8012	INSURER D : INSURER E :				
		INSURER F				

COVERAGES CERTIFICATE NUMBER: 14658082 REVISION NUMBER: XXXXXXX

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.

	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
CLAIMS-MADE X OCCUR		N	47-GLO-307584-04	5/1/2022	5/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 1,000,000
CONTRACTUAL/CROSS						MED EXP (Any one person)	\$ 25,000
X XCU COVERED						PERSONAL & ADV INJURY	\$ 2,000,000
L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:							\$
OMOBILE LIABILITY	N	N	TC2J-CAP-8E086819 (AOS) TJ-BAP-8E086820	5/1/2022 5/1/2022	5/1/2023 5/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X ANY AUTO						BODILY INJURY (Per person)	\$ XXXXXXX
OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$ XXXXXXX
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
							\$ XXXXXXX
UMBRELLA LIAB X OCCUR	N	N	N 47-UMO-307585-04	5/1/2022	5/1/2023	EACH OCCURRENCE	\$ 5,000,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
DED RETENTION\$							\$ XXXXXXX
KERS COMPENSATION EMPLOYERS' LIABILITY		N	UB-3P635310 (AOS)	5/1/2022	5/1/2023	X PER OTH-ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE			UB-3P533004 (MA, WI) EXCEPT FOR OH ND WA WY	5/1/2022	5/1/2023	E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
PRO CER dato	PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? N Scribe under	PRIETOR/PARTNER/EXECUTIVE N/A MEMBER EXCLUDED? N/A scribe under	PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? ry in NH) scribe under	PRIETOR/PARTNER/EXECUTIVE N N/A UB-3P533004 (MA, WI) MEMBER EXCLUDED? WIN N/A EXCEPT FOR OH ND WA WY EXCEPT FOR OH ND WA WY	PRIETORPARTNER/EXECUTIVE N/N N/A UB-3P533004 (MA, WI) EXCEPT FOR OH ND WA WY Stribe under N/A EXCEPT FOR OH ND WA WY Stribe under N/A EXCEPT FOR OH ND WA WY STRIBE UNDER STRIBE UND	PRIETORIPARTNER/EXECUTIVE PRIETORIPARTNER/EXECUTIVE N N / A UB-3P533004 (MA, WI) MEMBER EXCLUDED? MIN N / A EXCEPT FOR OH ND WA WY S7/1/2022 5/1/2023 S7/1/2023 5/1/2023	PRIETOR/PARTNER/EXECUTIVE N/A UB-3P533004 (MA, WI) MEMBER EXCLUDED? MY IN INI) EXCEPT FOR OH ND WA WY S71/2022 S71/2023 E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LEXINGTON, KY. THE LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, BOARDS, CONSULTANTS, ASSIGNS, VOLUNTEERS AND SUCCESSORS IN INTEREST ARE INCLUDED AS ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY, BUT ONLY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED, IF REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION				
14658082 LEXINGTON FAYETTE COUNTY URBAN GOVERNMENT 200 EAST MAIN STREET, SUITE 925 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 Joyl M. Agnella				