

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/07/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services LLC</b> <b>4040 Finn Way, Suite 360</b> <b>Lexington, KY 40517</b> <b>859 224-8899</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 859 224-8899</b> <b>FAX (A/C, No): 8666432259</b> <b>E-MAIL ADDRESS: LouisvilleCL1@mcgriff.com</b>														
<b>INSURED</b> <b>Lagco, Inc.</b> <b>P.O. Box 12510</b> <b>Lexington, KY 40583-2510</b>	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 453">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 453">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 453 1433 483"><b>INSURER A : Amerisure Insurance Company</b></td> <td data-bbox="1433 453 1572 483"><b>19488</b></td> </tr> <tr> <td data-bbox="816 483 1433 512"><b>INSURER B : Amerisure Mutual Insurance Co.</b></td> <td data-bbox="1433 483 1572 512"><b>23396</b></td> </tr> <tr> <td data-bbox="816 512 1433 541"><b>INSURER C : Travelers Property Casualty Co of Amer</b></td> <td data-bbox="1433 512 1572 541"><b>25674</b></td> </tr> <tr> <td data-bbox="816 541 1433 571"><b>INSURER D : Kentucky Associated Gen. Contract SIF</b></td> <td data-bbox="1433 541 1572 571"><b>KYAGCSIF</b></td> </tr> <tr> <td data-bbox="816 571 1433 600"><b>INSURER E : Indian Harbor Insurance Company</b></td> <td data-bbox="1433 571 1572 600"><b>36940</b></td> </tr> <tr> <td data-bbox="816 600 1433 640"><b>INSURER F :</b></td> <td data-bbox="1433 600 1572 640"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Amerisure Insurance Company</b>	<b>19488</b>	<b>INSURER B : Amerisure Mutual Insurance Co.</b>	<b>23396</b>	<b>INSURER C : Travelers Property Casualty Co of Amer</b>	<b>25674</b>	<b>INSURER D : Kentucky Associated Gen. Contract SIF</b>	<b>KYAGCSIF</b>	<b>INSURER E : Indian Harbor Insurance Company</b>	<b>36940</b>	<b>INSURER F :</b>	
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**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>PD Ded:2,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			<b>CPP21157350401</b>	<b>10/31/2024</b>	<b>10/31/2025</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$1,000,000</b> MED EXP (Any one person) <b>\$10,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			<b>CA21157340401</b>	<b>10/31/2024</b>	<b>10/31/2025</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			<b>CU21157380402</b>	<b>10/31/2024</b>	<b>10/31/2025</b>	EACH OCCURRENCE <b>\$5,000,000</b>
<b>C</b>	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>EXA234877524NF</b>	<b>10/31/2024</b>	<b>10/31/2025</b>	AGGREGATE <b>\$5,000,000</b> \$
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> <b>N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>000207</b>	<b>01/01/2025</b>	<b>01/01/2026</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$4,500,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$4,500,000</b> E.L. DISEASE - POLICY LIMIT <b>\$4,500,000</b>
<b>E</b>	<b>Pollution CL</b>			<b>PEC005788704</b>	<b>10/31/2024</b>	<b>10/31/2025</b>	<b>**See Below</b>
<b>B</b>	<b>Leased/Rented Equ</b>			<b>IM21157370402</b>	<b>10/31/2024</b>	<b>10/31/2025</b>	<b>Lmt-\$200,000/Ded-\$1000</b>

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

**\*\*Pollution Policy Number PEC005788703****Job Site Occurrence Limit-\$1,000,000****Job Site Aggregate Limit-\$2,000,000****Job Site Retention Limit-\$5,000****(See Attached Descriptions)****CERTIFICATE HOLDER****CANCELLATION**

**Lexington Fayette Urban County Government**  
**200 East Main Street**  
**3rd Floor, Room 338**  
**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



## DESCRIPTIONS (Continued from Page 1)

**\*\* Excess Liability Information \*\***

C EXA234877524NF Eff Date: 10/31/2024 Exp Date: 10/31/2025

Excess Liability Retention: 0

Excess Liability Each Occ Limit: \$5,000,000

Excess Liability Aggregate Limit: \$5,000,000

RE: Project: Savannah Guilford Stormwater Improvements Project. Lexington Fayette Urban County Government is included as Additional Insured with respect to General Liability and Automobile Liability Coverages where required by written contract. Umbrella Liability is Follow Form.