

CERTIFICATE OF LIABILITY INSURANCE

LYOAL1 DATE (MM/DD/YYYY)

CLEACON-01

								12/16/2024	
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).									
PRODUCER	CONTACT Alison Lyons								
Insurance Group of America LLC 6640 Carothers Parkway, Suite 160				PHONE (A/C, No, Ext): (615) 905-6958 FAX (A/C, No): (615) 905-1698					
Franklin, TN 37067				E-MAIL ADDRESS: Alison.	Lyons@IGA	.Biz			
	INSURER(S) AFFORDING COVERAGE				NAIC #				
	INSURER A : Liberty Insurance Corporation				42404				
INSURED								10335	
Cleary Constructio	INSURER C : Liberty Mutual Ins Co				23043				
2006 Edmonton Ro Tompkinsville, KY	INSURER D :								
		~ ^ T							
COVERAGES			ENUMBER:			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 TYPE OF INSURANCE	ADD INSE	L SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP () (MM/DD/YYY)	LIM	ITS		
A X COMMERCIAL GENERAL LIAB	ILITY					EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OC	CUR X		TB7Z51294584014	2/24/2024	2/24/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
						MED EXP (Any one person)	\$	10,000	
						PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES						GENERAL AGGREGATE	\$	2,000,000	
	-0C					PRODUCTS - COMP/OP AGG		1,000,000	
A AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$\$	1,000,000	
X ANY AUTO	x		AS7Z51294584024	2/24/2024	2/24/2025	(Ea accident) BODILY INJURY (Per person)	-	,,-	
OWNED AUTOS ONLY SCHEL						BODILY INJURY (Per accident	- ·		
HIRED AUTOS ONLY AUTOS						PROPERTY DAMAGE (Per accident)	\$		
							\$		
A X UMBRELLA LIAB X OC	CUR					EACH OCCURRENCE	\$	10,000,000	
	AIMS-MADE		TH7Z51294584044	2/24/2024	2/24/2025	AGGREGATE	\$	10,000,000	
DED X RETENTION \$	10,000					▼ PER OTH-	\$		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		196-42220	1/1/2024	1/1/2025	X PER OTH- STATUTE ER		1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE N / A OFFICER/MEMBER EXCLUDED?			190-42220	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS belo						E.L. DISEASE - EA EMPLOYE		1,000,000	
C Pollution	W		DCP7NACQGIM001	2/24/2024	2/24/2025	E.L. DISEASE - POLICY LIMIT	\$	5,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lexington-Fayette Urban County Government is an additional insured with regards to the general liability and auto liability when required by written contract.									
CERTIFICATE HOLDER	CANCELLATION								
Lexington-Fayette Urban County Government Division of Water Quality 200 E Main St 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					

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