41ALLENCOMPA

ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

Client#: 119007

DATE (MM/DD/YYYY) 12/09/2014

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 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 Andrea Lingenfelter					
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859 2	54-8020				
Powell-Walton-Milward	E-MAIL ADDRESS: alingenfelter@pwm-jsl.com					
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC#				
Lexington, KY 40588	INSURER A: Phoenix Insurance Company	25623				
INSURED	INSURER B: Travelers Property Casualty Co.	25674				
The Allen Company, Inc.	<b>INSURER C: Kentucky Employers Mutual Insur</b>					
3009 Atkinson Avenue, Suite 300	INSURER D: Travelers Property Casualty Ins	36161				
Lexington, KY 40509	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSI LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY		DTCO962J2453	03/01/2014	03/01/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
	X PD Ded:\$5,000					PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC						\$
D	AUTOMOBILE LIABILITY		DT810962J2453	03/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		DTSMCUP962J2453	03/01/2014	03/01/2015	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$10,000						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		353980	03/01/2014	03/01/2015	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
	(Mandatory in NH) If yes, describe under	N/A					

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

REF: Project - Clays MIII Road Improvements, Section 2C

Certificate Holder is included as Additional Insured as per written contract with respect to the Auto Liability and General Liability policies described above and subject to provisions and limitations of the policy.

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION		
Lexington Fayette Urban County Government Div of Purchasing	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
200 East Main St, 3rd Fl	AUTHORIZED REPRESENTATIVE		
Lexington, KY 40507	A Agreement of the second		

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DESCRIPTIONS (Continued from Page 1)					
General Liability Coverage shall be primary and non-contributory. Coverage provides a 30 Day Notice of Cancellation.					