Client#: 118984 41HERRICKCOM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/17/2017

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 florider in fied of such endorsement(s).			
PRODUCER	CONTACT Karen Marshall		
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859		
Powell-Walton-Milward	E-MAIL ADDRESS:		
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC #	
Lexington, KY 40588	INSURER A: Cincinnati Insurance Co.		
INSURED	INSURER B: KY Assoc. General Contractors		
Herrick Company, Inc.	INSURER C: Tokio Marine Spec In	23850	
1385 Tracy Road	INSURER D:		
Lawrenceburg, KY 40342	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.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
Α	Х	CLAIMS-MADE X OCCUR	X		EPP0347245	10/11/2016	10/11/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$500,000
	Х	PD Ded:\$500				ļ		MED EXP (Any one person)	\$10, 0 00
								PERSONAL & ADV INJURY	\$1,000,000
	GEN'	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY	X		EBA0347245	10/11/2016	10/11/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	ΧĽ	Orive Oth Car							\$
Α	X	UMBRELLA LIAB X OCCUR			EPP0347245	10/11/2016	10/11/2017	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED X RETENTION \$0							\$
В		KERS COMPENSATION EMPLOYERS' LIABILITY			007033	01/01/2017	01/01/2018	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	N/A				E.L. EACH ACCIDENT	\$4,000,000
			ιτ, Α					E.L. DISEASE - EA EMPLOYEE	\$4,000,000
	of yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$4,000,000
С	Poll	lution			PPK1546942	09/05/2016	09/05/2018	\$1,000,000 - Ea Occ	
	Liab	bility						\$2,000,000 - Aggreg	ate
								\$5,000 - Deductible	

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

Project 19-2017: West Hickman WWTP Zone 2 Aeration Improvements

Certificate holder is included as additional insured when required by written contract but only with respects to the auto liability and general liability insurance and subject to the provisions and limitations of the policy. Thirty (30) day written notice of cancelation in favor of holder. Insured's coverage is primary. Products and Completed Operations included in General Liability.

CERTIFICATE HOLDER	CANCELLATION			
Lexington Fayette Urban County Government 200 E Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Lexington, KY 40507-0000	AUTHORIZED REPRESENTATIVE			
1	A Agree Land			

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