



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) **11/1/2024** **12/15/2023**

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).

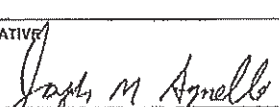
PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Company of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER D : Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Old Republic Insurance Company	24147	INSURER B : Travelers Property Casualty Company of America	25674	INSURER C : Zurich American Insurance Company	16535	INSURER D : Indian Harbor Insurance Company	36940	INSURER E :		INSURER F :
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INSURED 1492591 THERMAL SERVICES, LLC. 2891 LEXINGTON ROAD RICHMOND KY 40475															

COVERAGES **CERTIFICATE NUMBER: 20131129** **REVISION NUMBER: XXXXXXXX**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	N	MWZY31586123	11/1/2023	11/1/2024	EACH OCCURRENCE \$ 10,000,000
A	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			MWZX31795523	11/1/2023	11/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000
A	<input checked="" type="checkbox"/> CONTRACTUAL LIAB			MWZX31795823	11/1/2023	11/1/2024	MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> XCU INCLUDED						PERSONAL & ADV INJURY \$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 20,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 20,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY	Y	N	MWFB31586223	11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			MWZX31795623	11/1/2023	11/1/2024	BODILY INJURY (Per person) \$ XXXXXXXX
A	<input type="checkbox"/> OWNED AUTOS ONLY			MWZX31795923	11/1/2023	11/1/2024	BODILY INJURY (Per accident) \$ XXXXXXXX
A	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
A	<input type="checkbox"/> SCHEDULED AUTOS						\$ XXXXXXXX
A	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y	N	CUP-7T469438-23-NF	11/1/2023	11/1/2024	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$ XXXXXXXX
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N	MWC31586023	11/1/2023	11/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 10,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 10,000,000
							E.L. DISEASE - POLICY LIMIT \$ 10,000,000
C	INSTALL FLTR/BUILDERS RISK	N	N	MBR435533602	11/1/2023	11/1/2024	\$15,000,000 PER OCCURRENCE
D	PROFESSIONAL/POLLUTION			CEO744642006	11/1/2023	11/1/2024	\$10,000,000 PER CLAIM; \$20,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 LFUCG (Lexington Fayette Urban County Government) is included as additional insured. (except as respects all coverage afforded by the WC policy) and is granted a waiver of subrogation as required by written contract, but only for liability arising out of the operations of the named insured.

CERTIFICATE HOLDER 20131129 LFUCG (Lexington Fayette Urban County Government) 200 East Main Street Lexington KY 40507	CANCELLATION 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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