Client#: 813876 **66LAGCOINC**

ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/14/2023

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

PRODUCER McGriff Insurance Services	CONTACT NAME: PHONE (A/C, No, Ext): 859 224-8899	FAX (A/C, No): 86664	32260			
200 W Vine Street, Suite 300	E-MAIL ADDRESS:					
Lexington, KY 40507	INSURER(S) AFFORDING COVERAG	NAIC #				
859 224-8899	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B : Amerisure Mutual Insurance Co.	23396				
Lagco, Inc.	INSURER C: Kentucky Associated Gen. Contract S	KYSIF				
P.O. Box 12510	INSURER D: Indian Harbor Insurance Company	36940				
Lexington, KY 40505	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.									
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY		CPP21157350201	10/31/2022	10/31/2023	EACH OCCURRENCE	\$1,000,000			
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000			
						MED EXP (Any one person)	\$10,000			
						PERSONAL & ADV INJURY	\$1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2.000.000			
	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$2,000,000			
	OTHER:						\$			
Α	AUTOMOBILE LIABILITY		CA21157340201	10/31/2022	10/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	X ANY AUTO					BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
	AUTOU CINET					(i or addition)	\$			
В	X UMBRELLA LIAB X OCCUR		CU21157380202	10/31/2022	10/31/2023	EACH OCCURRENCE	\$10.000.000			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000			
	DED X RETENTION \$0						\$			
С	WORKERS COMPENSATION		000207	01/01/2023	01/01/2024	X PER OTH-	,			
	ID EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE			0.70.72020		E.L. EACH ACCIDENT	\$ 4,500,000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A			E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$4,500,000			
В	Leased & Rented		IM21157370202	10/31/2022	10/31/2023					
	Equipment			.,		\$1,000 Deductible				
Ь	Pollution Liab.		PEC005788702	10/31/2022	10/31/2023	3 SEE DESC. OF OPS.				
⊢	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)									

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

D. Pollution Liability - PEC005788702

10/31/2022 - 10/31/2023

\$1,000,000 Each Claim

\$2,000,000 Aggregate

\$5,000 Deductible

LFUCG BID NO. 34-2023 CERTIFICATE HOLDER

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Lexington-Fayette Urban County Government 200 E Main Street **AUTHORIZED REPRESENTATIVE** Lexington, KY 40507

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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