LABOWO-C01

MSHELL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2020

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.

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	this certificate does not confer rights	to th	e cer	tificate holder in lieu of su	ıch en	dorsement(s	;).			
PR	ODUCER						hell, KACS	R, CRIS, MLIS		
Van Meter Insurance Group					PHONE (A/C, No, Ext): (270) 529-1387 4234 FAX (A/C, No): (270) 467-1234					
12	uchens Insurance Group 40 Fairway Street				E-MAIL ADDRESS: mshell@higusa.com					
Во	wling Green, KY 42103					INSURER(S) AFFORDING COVERAGE				NAIC#
					INSUR			Insurance Company		16535
INS	URED				INSURER B : State Auto Property & Casualty Insurance Com					25127
	LABOR WORKS LEXINGTO	ON, LI	_C; L	ABOR	INSUR	40142				
	SEAN FORE	7407			INSUR					
	2600 PRESTON HWY, PO 1 LOUISVILLE, KY 40217	/18/			INSUR					
	LOOIOVILLE, ICT 40211				INSUR					
	VEDACES CE	DTIEL	CAT	E NUMBER:	INSORI	LKF.		REVISION NUMBER:		
	OVERAGES CE THIS IS TO CERTIFY THAT THE POLIC				UAVE 6	EEN ISSUED	TO THE INSU		THE DO	LICY PERIOD
1	NDICATED. NOTWITHSTANDING ANY	REQU	IREM	IENT. TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHE	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
(ERTIFICATE MAY BE ISSUED OR MAY	/ PER	MIAT	. THE INSURANCE AFFORD	DED B	Y THE POLIC	IES DESCRI	BED HEREIN IS SUBJECT	TO ALL	THE TERMS,
	XCLUSIONS AND CONDITIONS OF SUCH	ADDI	CIES	LIMITS SHOWN MAY HAVE	BEEN	POLICY EFF	PAID CLAIMS). 		
LTF		INSD	SUBF	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	1	1,000,000
Α								DAMAGE TO BENTED	\$	
	CLAIMS-MADE X OCCUR	-		PRA0092957-04		8/31/2020	8/31/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
]		MED EXP (Any one person)	\$	10,000
		.				i		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X TRO: X LOC		İ			ĺ		PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							EMPL BENEFITS A	\$	2,000,000
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO	1		BAP 2477930 00	8/31/2020	8/31/2020	8/31/2021	BODILY INJURY (Per person)	\$	
	X OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		ĺ					PROPERTY DAMAGE (Per accident)	\$	
	AUTOS UNET		İ						s	
Α	X UMBRELLA LIAB X OCCUR			UMB6513627-04		8/31/2020	8/31/2021	EACH OCCURRENCE	\$	9,000,000
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	s	
	DED X RETENTION\$						Gen Agg	s	9,000,000	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 3804522-05 IN KY MN			7/1/2021	X PER STATUTE OTH-		
						NC 7/1/2020		E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	· -	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							-	\$	1,000,000
С	Commercial Fire			CPP 5913634-04		8/31/2020	8/31/2021	Property	ų.	
•										
						į				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule	e, may be	e attached if mor	e space is requir	ed)		
CEI	RTIFICATE HOLDER				CANC	ELLATION				
				1						
								ESCRIBED POLICIES BE CA		
					ACC	RDANCE WIT	H THE POLIC	EREOF, NOTICE WILL E Y PROVISIONS.	oc DEL	IVERED IN
	Lexington Urban County Go	vt Div	isior	n of Waste Management	AUTHOR	IZED REPRESEN	ITATIVE			
	Collection Services			-	1.					

MSHELL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2020

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	If SUBROGATION IS WAIVED, subjetthis certificate does not confer rights	to the	the	terms and conditions of tificate holder in lieu of si	uch en	dorsement(s	λ.		ment. As	statement on		
	ODUCER				CONTACT Marie Shell, KACSR, CRIS, MLIS							
Van Meter Insurance Group Houchens Insurance Group						PHONE (AJC, No, Ext): (270) 529-1387 4234 FAX (AJC, No): (270) 467-1234						
12	40 Fairway Street				E-MA!	_{Ess:} mshell@)higusa.co	m				
Во	wling Green, KY 42103					NAIC #						
					INSUR	16535						
INS	SURED				INSUR	25127						
	LABOR WORKS LEXINGTO	ON, LI	-C; L	ABOR	INSUR	40142						
	SEAN FORE 2600 PRESTON HWY, PO 1	7187			INSUR							
	LOUISVILLE, KY 40217				INSUR							
					INSUR							
CC	OVERAGES CEF	RTIFI	CATI	E NUMBER:				REVISION NUMBER	₹:			
(E	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU ' PER I POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHE IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RE BED HEREIN IS SUBJE	SPECT TO	WHICH THIS		
INS!		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	1	IMITS	4 000 000		
Α								EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			PRA0092957-04		8/31/2020	8/31/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
		1						MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY	/ \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					ļ .		GENERAL AGGREGATE	\$	2,000,000		
	POLICY X JECT X LOC							PRODUCTS - COMP/OP A	GG \$	2,000,000		
_	OTHER:	1	ļ					COMBINED SINGLE LIMIT	\$	2,000,000		
В	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000		
	ANY AUTO		BAP 2477930 00			8/31/2020	8/31/2021	BODILY INJURY (Per perso	n) \$			
	X OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accid	ent) \$			
	HIRED ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
_		ļ							\$	9,000,000		
Α	X UMBRELLA LIAB X OCCUR			UMB6513627-04	9/24/2	8/31/2020	8/31/2021	EACH OCCURRENCE	\$	9,000,000		
	EXCESS LIAB CLAIMS-MADE			OMD0513021-04		0/31/2020	0/31/2021	AGGREGATE Gen Agg	\$	9,000,000		
	DED X RETENTION \$ 0								\$ -	3,000,000		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC 3804522-05 IN KY M		7/1/2020	7/1/2021	X PER STATUTE ER		1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			770 3004322-03 N4 ICT IMIA		1/1/2020	1/1/2021	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLO		1,000,000		
С	If yes, describe under DESCRIPTION OF OPERATIONS below Commercial Fire			CPP 5913634-04		8/31/2020	8/31/2021	E.L. DISEASE - POLICY LIN	IIT \$	1,000,000		
C	Commercial File			CFF 3913034-04		0/31/2020	0/3/1/2021	Property				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	CORD	101, Additional Remarks Schedule	e, may b	e attached if more	space is requir	ed)				
					04310	CII ATION	. ,					
įΕΙ	RTIFICATE HOLDER			1	CANC	ELLATION						
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE	CANCELL	ED BEFORE		
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					ACC	OKDANCE WII	n ine Polic	T PROVISIONS.				

Lexington, KY 40507 ACORD 25 (2016/03)

Materials Recovery Facility 360 Thompson Road

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Lexington Urban County Govt Division of Waste Management | AUTHORIZED REPRESENTATIVE

LABOWO-C01

MSHELL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2020

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	this certificate does not confer rights	to the	cer	tificate holder in lieu of si				<u> </u>				
PR	ODUCER						hell, KACS	R, CRIS, MLIS				
Van Meter Insurance Group Houchens Insurance Group 1240 Fairway Street						PHONE (A/C, No, Ext): (270) 529-1387 4234 FAX (A/C, No): (270) 467-1234						
						E-MAIL MShell@higusa.com						
Bo	wling Green, KY 42103				AURIX			ORDING COVERAGE		NAIC#		
								Insurance Company		16535		
INS	SURED LABOR WORKS LEXINGTO	M II	C. I	AROR	INSURER B : State Auto Property & Casualty Insurance Company 25127							
	SEAN FORE	JIN, LL	С, L	ABOR	INSURER C: American Zurich Insurance Company 40142							
	2600 PRESTON HWY, PO 1	7187			INSUR							
	LOUISVILLE, KY 40217				INSURER E:							
					INSUR	ERF:						
CC	OVERAGES CEI	RTIFIC	AT	E NUMBER:				REVISION NUMBER:				
1	THIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY I DERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUII PERT POLIC	REM TAIN CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHE IES DESCRI PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT 5.	ECT TO	WHICH THIS		
INSE	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS			
Α								EACH OCCURRENCE	s	1,000,000		
	CLAIMS-MADE X OCCUR			PRA0092957-04		8/31/2020	8/31/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
		1 1					i	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 JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:				i			EMPL BENEFITS A	s	2,000,000		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO			BAP 2477930 00		8/31/2020	8/31/2021	BODILY INJURY (Per person)	s			
	OWNED SCHEDULED					0.01,2020	0,0=0=1					
] [BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)				
	HIRED AUTOS ONLY AUTOS ONLY	1 1						(Per accident)	\$			
		\vdash							\$	9.000.000		
Α	X UMBRELLA LIAB X OCCUR		11MD0540007.04			8/24/2020	8/31/2021	EACH OCCURRENCE	\$	9,000,000		
	EXCESS LIAB CLAIMS-MADE	4 I		UMB6513627-04		8/31/2020	0/31/2021	AGGREGATE	\$	0.000.000		
	DED X RETENTION\$ 0	<u>'</u>						Gen Agg	\$	9,000,000		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				X PER OTH-						
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WC 3804522-05 IN KY MN N		NC 7/1/2020	7/1/2021	E.L. EACH ACCIDENT	\$	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1 "'^1						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	1,000,000		
С	Commercial Fire			CPP 5913634-04		8/31/2020	8/31/2021	Property				
			ľ					·				
	DUDTION OF OPERATIONS // COATIONS ///FINE	FC /46		404 A J. J. J. J. D								
JES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	OKD	101, Additional Remarks Scheduk	e, may oe	attached if more	space is requir	ea)				
										1		
;FI	RTIFICATE HOLDER				CANC	ELLATION						
<i>-</i> 1	THE IOCUMENT				<u> </u>							
			SHOU	JLD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA	ANCELLI	ED BEFORE				
					THE	EXPIRATION	DATE THI	EREOF, NOTICE WILL I				
					ACCORDANCE WITH THE POLICY PROVISIONS.							
				-								
				1.	AUTHORIZED REPRESENTATIVE							

LEXINGTON, KY 40507 ACORD 25 (2016/03)

200 EAST MAIN STREET

LEXINGTON URBAN COUNTY GOVT RECYCLING DEPT

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MSHELL



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	this certificate does not confer rights	to the	e cert	ificate holder in lieu of s						W. 7		
PR	ODUCER						hell, KACS	R, CRIS, MLIS				
۷a	n Meter Insurance Group ouchens Insurance Group				PHONE (A/C, N) 467-1234						
124	40 Fairway Street				PHONE (A/C, No, Ext): (270) 529-1387 4234							
	wling Green, KY 42103							NAIC#				
					INCLID	INSURER(S) AFFORDING COVERAGE INSURER A : Zurich American Insurance Company						
INIS	SURED				INSUR	16535 25127						
ING	LABOR WORKS LEXINGTO	N. LL	.C: L	ABOR	INSURI	40142						
	SEAN FORE	•	,			40142						
	2600 PRESTON HWY, PO 1	7187			INSURI							
	LOUISVILLE, KY 40217				INSUR							
					INSURI	RF:						
				NUMBER:				REVISION NUMBER:				
li	IHIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	ON OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHE IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RES BED HEREIN IS SUBJEC 5.	PECT TO	O WHICH THIS		
INSF	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LII	MITS			
A			1				ľ	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			PRA0092957-04		8/31/2020	8/31/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	s	1,000,000		
	OFFIN ACCRECATE LIMIT APPLIES RED.							GENERAL AGGREGATE	8	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROT X LOC						!			2,000,000		
								PRODUCTS - COMP/OP AGE EMPL BENEFITS A	3 \$	2,000,000		
В	OTHER:	-						COMBINED SINGLE LIMIT	\$	1,000,000		
D	AUTOMOBILE LIABILITY			BAP 2477930 00		0/04/0000	0/04/0004	(Ea accident)	\$	1,000,000		
	ANÝ AUTO SCHEDULED					8/31/2020	8/31/2021	BODILY INJURY (Per person				
	X OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accider	<u>(t)</u> \$			
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	9,000,000			
	EXCESS LIAB CLAIMS-MADE	J		UMB6513627-04		8/31/2020	8/31/2021	AGGREGATE	\$			
	DED X RETENTION\$ 0							Gen Agg	\$	9,000,000		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1					X PER OTH-				
			WC 3804522-05 IN KY M		IN NC	7/1/2020	7/1/2021	E.L. EACH ACCIDENT	\$	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	^					E.L. DISEASE - EA EMPLOYE	E \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000		
C	Commercial Fire		1	CPP 5913634-04		8/31/2020	8/31/2021	Property	Ť			
200	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC /A	CORD	104 Additional Damarka Sahadu	In mouths	ottoobod if mar	o consec la requir	ad\				
יפשע	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.E3 (A	CORD	ivi, Additional Remarks Schedu	ile, iliay ut	attacheu n more	s space is requir	euj				
	Α.											
										i		
E	RTIFICATE HOLDER				CANC	ELLATION	.,					
								ESCRIBED POLICIES BE (EREOF, NOTICE WILL				
					ACCC	RDANCE WIT	H THE POLIC	Y PROVISIONS.	OL VE	FIAEVED IN		
	•									J		

ILEXINGTON, KY 40510 ACORD 25 (2016/03)

LEXINGTON URBAN COUNTY GOVT SANITATION DEPT

675 3RD BYRD THURMAND DRIVE

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AUTHORIZED REPRESENTATIVE