



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JMC

DATE (MM/DD/YYYY)
03/10/2014

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 ACEC/MARSH 701 Market St., Ste. 1100 St. Louis, MO 63101 Sharon L. Zach | | Phone: 800-338-1391 Fax: 888-621-3173 | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: CRAWF-3 | FAX (A/C, No): |
| INSURED J. M. Crawford & Associates, Inc. Deborah Jacobs 131 Prosperous Place, Twnsp.18a Lexington, KY 40509 | | INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Insurance Company | | NAIC # 22357 |
| | | INSURER B: | | |
| | | INSURER C: | | |
| | | INSURER D: | | |
| | | 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|------------------------------|----------|------------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | 84SBWCG4218 | 11/01/2013 | 11/01/2014 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | PROFESSIONAL LIAB EXCL | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> OCCUR | | | | | | \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| | DEDUCTIBLE | | | | | | \$ |
| | RETENTION \$ | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 84WBGPM4345 | 11/01/2013 | 11/01/2014 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | N/A | | | | E.L. EACH ACCIDENT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Engineering Proposals - When required by written contract:
 Lexington-Fayette Urban County Government is included as additional insured for above coverages except WC.

| | |
|---|--|
| CERTIFICATE HOLDER LEXINGT 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/10/2014

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| PRODUCER Mountain Valley Insurance 267 Terrell Lane Barbourville KY 40906 | | CONTACT NAME: Rachel Liford PHONE (A/C, No, Ext): (606) 546-4132 FAX (A/C, No): (606) 546-4146 E-MAIL ADDRESS: rliford@mviweb.com | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------|---|--|-------------------------------|--|--------|------------|-------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED J.M. Crawford & Associates, Inc 131 Prosperous Place 18 A Lexington KY 40509 | | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>CNA-Continental Casualty Comp</td> <td>13188</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | CNA-Continental Casualty Comp | 13188 | INSURER B: | | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | CNA-Continental Casualty Comp | 13188 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: CL142507071 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A | | | | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Professional Liability | | | AEH276200096 | 11/22/2013 | 11/22/2014 | \$4,000,000/\$8,000,000 \$250,000 DED |
| A | D&O/EPLI | | | 288299604 | 2/2/2014 | 2/2/2015 | \$2,000,000/\$2,000,000 \$25K/\$50K DED |

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

| | |
|---|---|
| CERTIFICATE HOLDER 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 Rachel Liford/RACHEL <i>Rachel Liford</i> |
|---|---|



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
03/14/2014

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This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 26 for that purpose.

| | | |
|---|--|------------------------------------|
| PRODUCER Jeff Briggs 449 Lewis Hargett Cir. Suite 150 Lexington KY 40503 | CONTACT NAME: Debbie Mallory PHONE (A/C, No, Ext): 859-273-8512 E-MAIL ADDRESS: debbie@jeffbriggs.net PRODUCER CUSTOMER ID #: | FAX (A/C, No): 859-271-5850 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED J M Crawford & Associates 131 Prosperous Pl Suite 18A Lexington KY 40509 | INSURER A: State Farm Mutual Automobile Insurance Company | NAIC # 25178 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

DESCRIPTION OF VEHICLE OR EQUIPMENT

| YEAR | MAKE / MANUFACTURER | MODEL | BODY TYPE | VEHICLE IDENTIFICATION NUMBER |
|-------------|---------------------|-------|-----------|-------------------------------|
| 2012 | Nissan | Quest | Van | JN8AE2KP0C9050476 |
| DESCRIPTION | | | | SERIAL NUMBER |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------|---|------------------|------------------------------------|-------------------------------------|---|------------|
| A | Y | <input checked="" type="checkbox"/> VEHICLE LIABILITY | P03-2602-A28-17M | 01/28/2014 | 07/28/2014 | COMBINED SINGLE LIMIT | \$ |
| | | | | | | BODILY INJURY (Per person) | \$ 500,000 |
| | | | | | | BODILY INJURY (Per accident) | \$ 500,000 |
| | | | | | | PROPERTY DAMAGE | \$ 100,000 |
| | | <input type="checkbox"/> GENERAL LIABILITY | | | | EACH OCCURENCE | \$ |
| | | <input type="checkbox"/> OCCURRENCE | | | | GENERAL AGGREGATE | \$ |
| | | <input type="checkbox"/> CLAIMS MADE | | | | | \$ |
| INSR LTR | LOSS PAYEE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / DEDUCTIBLE | |
| A | | <input checked="" type="checkbox"/> VEH COLLISION LOSS | P03-2602-A28-17M | 01/28/2014 | 07/28/2014 | <input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | | | | | <input type="checkbox"/> STATED AMT | \$ 500 DED |
| A | | <input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC | P03-2602-A28-17M | 01/28/2014 | 07/28/2014 | <input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | | | | | <input type="checkbox"/> STATED AMT | \$ 500 DED |
| | | <input type="checkbox"/> PROPERTY | | | | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD | | | | <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT | \$ DED |
| | | <input type="checkbox"/> SPECIAL | | | | | \$ |

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:

- The additional interest described below has been added to the policy(ies) listed herein by policy number(s).
 A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED
 NAME AND ADDRESS OF ADDITIONAL INTEREST
 Lexington-Fayette Urban County Government
 200 E. Main St.
 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.

DESCRIPTION OF THE ADDITIONAL INTEREST

 ADDITIONAL INSURED LOSS PAYEE
 LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

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VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

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| | | |
|--|--|------------------------------------|
| PRODUCER State Farm Jeff Briggs 449 Lewis Hargett Cir. Suite 150 Lexington KY 40503 | CONTACT NAME: Debbie Mallory PHONE (A/C, No, Ext): 859-273-8512 E-MAIL ADDRESS: debbie@jeffbriggs.net PRODUCER CUSTOMER ID #: | FAX (A/C, No): 859-271-5850 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED J M Crawford & Associates 131 Prosperous PI Suite 18A Lexington KY 40509 | INSURER A : State Farm Mutual Automobile Insurance Company | NAIC # 25178 |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |

DESCRIPTION OF VEHICLE OR EQUIPMENT

| YEAR | MAKE / MANUFACTURER | MODEL | BODY TYPE | VEHICLE IDENTIFICATION NUMBER |
|-------------|---------------------|---------|-----------|-------------------------------|
| 2012 | Buick | Enclave | SUV | 5GAKRCED3CJ119849 |
| DESCRIPTION | | | | SERIAL NUMBER |

COVERAGES

CERTIFICATE NUMBER:

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| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------|---|------------------|------------------------------------|-------------------------------------|---|------------|
| A | Y | <input checked="" type="checkbox"/> VEHICLE LIABILITY | 101-7091-A16-17C | 01/16/2014 | 07/16/2014 | COMBINED SINGLE LIMIT | \$ |
| | | | | | | BODILY INJURY (Per person) | \$ 500,000 |
| | | | | | | BODILY INJURY (Per accident) | \$ 500,000 |
| | | | | | | PROPERTY DAMAGE | \$ 100,000 |
| | | <input type="checkbox"/> GENERAL LIABILITY | | | | EACH OCCURENCE | \$ |
| | | <input type="checkbox"/> OCCURRENCE | | | | GENERAL AGGREGATE | \$ |
| | | <input type="checkbox"/> CLAIMS MADE | | | | | \$ |
| INSR LTR | Loss PAYEE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS / DEDUCTIBLE | |
| A | | <input checked="" type="checkbox"/> VEH COLLISION LOSS | 101-7091-A16-17C | 01/16/2014 | 07/16/2014 | <input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | | | | | <input type="checkbox"/> STATED AMT | \$ 500 DED |
| A | | <input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC | 101-7091-A16-17C | 01/16/2014 | 07/16/2014 | <input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | | | | | <input type="checkbox"/> STATED AMT | \$ 500 DED |
| | | <input type="checkbox"/> PROPERTY | | | | <input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT | \$ LIMIT |
| | | <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD | | | | <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT | \$ DED |
| | | <input type="checkbox"/> SPECIAL | | | | <input type="checkbox"/> | \$ |

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 ADDITIONAL INSURED LOSS PAYEE
 LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

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