



CERTIFICATE OF LIABILITY INSURANCE

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.

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).

Phone: 800-338-1391 CONTACT NAME: **PRODUCER** Fax: 888-621-3173 ACEC/MARSH FAX (A/C, No): 701 Market St., Ste. 1100 St. Louis, MO 63101 **ADDRESS** Sharon L. Zach PRODUCER CUSTOMER ID #: CRAWF-3 INSURER(S) AFFORDING COVERAGE NAIC# J. M. Crawford INSURED **INSURER A: Hartford Insurance Company** 22357 & Associates, Inc. **INSURER B: Deborah Jacobs** INSURER C : 131 Prosperous Place, Tnwsp. 18a INSURER D: Lexington, KY 40509 INSURER E : INSURER F **COVERAGES**

INSR LTR	TYPE OF INSURANCE			SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LJMJT	s	
	GENERAL LIABILITY		ENERAL LIABILITY		NERAL LIABILITY EACH OC		EACH OCCURRENCE	\$	1,000,000	
Α	X	COMMERCIAL GENERAL LIABILITY			84SBWCG4218	11/01/2013	11/01/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
1								PERSONAL & ADV INJURY	\$	1,000,000
					PROFESSIONAL LIAB EXCL			GENERAL AGGREGATE	\$	2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY X PRO-							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS HIRED AUTOS		ļ				PROPERTY DAMAGE (Per accident)	\$	
		NON-OWNED AUTOS		[_	\$	
<u></u>				<u> </u>					\$	
		UMBRELLA LIAB OCCUR					-	EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DEDUCTIBLE							\$	
		RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LABILITY ANY PROPRIETOR/PARTNEREXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under		/N N/A					X WC STATU- OTH- TORY LIMITS ER		
Α					84WBGPM4345	11/01/2013	11/01/2014	E.L. EACH ACCIDENT	\$	500,000
								E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DES	CRIPTION OF OPERATIONS below					_	E.L. DISEASE - POLICY LIMIT	\$	500,000
<u> </u>		TOM OF OREDATIONS / LOCATIONS / LETHOL								

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.

CERTIF	ICATE	E HOL	.DER

Lexington-Fayette Urban County Government

200 East Main Street Lexington, KY 40507 LEXINGT

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

Dell County

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CERTIFICATE OF LIABILITY INSURANCE

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	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).											
_	DUCER	50,,,,	214(0)	· · · · · · · · · · · · · · · · · · ·	CONTACT Rachel Liford							
Mo	untain Valley Insurance				PHONE (606) 546-4132 FAX (606) 546-4146							
ı	7 Terrell Lane				E-MAIL ADDRESS: rliford@mviweb.com							
					INSURER(S) AFFORDING COVERAGE NAIC #							
Ва	rbourville KY 40	906			IAICH IDE			al Casualty Com		13188		
INS	JRED	INSURE										
J.	M. Crawford & Associates	s. I	'nc		INSURE							
ı	131 Prosperous Place 18 A					100						
					INSURE							
Le	xington KY 40	509			INSURE							
				E NUMBER:CL1425070		Kr.		REVISION NUMBER:				
_	HIS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO			1E POL	ICY PERIOD		
11	IDICATED. NOTWITHSTANDING ANY RI	EQUIR	EME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
	ÉRTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH) ALL .	THE TERMS,		
INSE LTR		ADDL INSR			BELIT		POLICY EXP (MM/DD/YYYY)					
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
	COMMERCIAL GENERAL LIABILITY								\$			
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$			
	H-							PERSONAL & ADV INJURY	\$			
	<u> </u>							GENERAL AGGREGATE	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$			
⊢	POLICY JECT LOC AUTOMOBILE LIABILITY	\vdash						COMBINED SINGLE LIMIT (Ea accident)				
								(Ea accident) BODILY INJURY (Per person)	\$			
	ANY AUTO ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	NON-OWNED							PROPERTY DAMAGE	\$			
	HIRED AUTOS AUTOS							(Per accident)	\$			
┝	UMBRELLA LIAB OCCUP							EAGLI ACCUIDEENCE				
	H							EACH OCCURRENCE	\$			
	CBAINIGHNADE	1						AGGREGATE	\$			
\vdash	DED RETENTION \$ WORKERS COMPENSATION	-						WC STATU- OTH- TORY LIMITS ER	*			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	_			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Ļ		\vdash	\vdash			11/22/2013	11 /00 /001 4		*			
A	Professional Liability			AEH276200096				\$4,000,000/\$8,000,000		50,000 DED		
A	D&O/EPLI			288299604		2/2/2014	2/2/2015	\$2,000,000/\$2,000,000	\$25	K/\$50K DED		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	Attach	ACORO 101. Additional Remarks	Schadule	if more space i	s required)					
CF	RTIFICATE HOLDER				CANO	ELLATION		···				
Lexington-Fayette Urban County Government 200 East Main Street Lexington, KY 40507						OULD ANY OF	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.				
						Rachel Liford/RACHEL Rachel Sygon						

Rachel Liford/RACHEL



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 25 for that purpose.																	
PRODUCER CONTA NAME:											ONTACT AME: Debbie Mallory						
St	ateF	arn	7 Jeff Brig	ggs					PHONE	PHONE FAX 859-273-8512 FAX (A/C No.): 859-271-5850							
			449 Lev	vis H	largett Cir.	Suite 150			E-MAIL	E-MAIL ADDRESS: debbie@jeffbriggs.net							
	\bigcirc	9,			Y 40503				PRODUC	E-MAIL ADDRESS: debbie@jeffbriggs.net PRODUCER CUSTOMER ID #:							
									CUSTON								
INSU	RED										insukek(s) AFF			DODU.	NAIC# 25178		
J M Crawford & Associates											tate Farm Mutual A	utoniobile	ilisulance Com	Parly	201/6		
									INSURE	INSURER B:							
				•	erous PI Su	ILE TOA			INSURE	₹C:							
Lexington KY 40509										D:							
	_								INSURE	E:							
		PTI				QUIPMEN	<u>IT</u>										
'	EAR		MAKE/	MAN	JFACTURER		MODEL		BODY TYPE		İ	VEHICL	E IDENTIFICATION	NUMBER			
2	012	1	Vissan			Quest		Van			JN8AE2KP0C	9050476					
DES	CRIPTI	ON											SERIAL NUMBER				
CO	VER/	\GE	S			CERTIFIC	CATE NUMBER:					REVIS	ION NUMBER				
	THIS	IS T	O CERTIF	Y TI	AT THE PO	LICY(IES) C	OF INSURANCE LISTE	ED BELO	W HAS/HAV	BEE	N ISSUED TO THE	INSURED	NAMED ABOVE	FOR THE	POLICY		
	PERIO	DD(S	S) INDICA	TED,	NOTWITHS	STANDING A	ANY REQUIREMENT, "	TERM OI	R CONDITIO	N OF	ANY CONTRACT O	R OTHER	DOCUMENT W	ITH RESPE	ECT TO		
	ALL T	HE.	HIS CERT TERMS, E	IFIC/	ATE MAY BE USIONS AN	E ISSUED O	OR MAY PERTAIN, THE ONS OF SUCH POLIC	E INSUR/ Y(IES).	ANCE AFFO	RDED	BY THE POLICY(IE	S) DESC	RIBED HEREIN I	S/ARE SUI	BJECT TO		
INSR LTR	ADD'L INSRD		TYPE OF	INSU	RANCE		POLICY NUMBER		POLICY EFFE		POLICY EXPIRATION DATE (MM/DD/YYYY)		LI	MITS			
		/	VEHICLE	LIABII	LITY	1						COMBINI	ED SINGLE LIMIT	\$			
١.		_										BODILY I	NJURY (Per person	\$ 500,0	000		
Α	Υ					P03-260	P03-2602-A28-17M			14	07/28/2014		NJURY (Per accide				
													TY DAMAGE	\$ 100,0			
_		GER	VERAL LIAI	RILITS		-						EACH OCCURENCE \$		000_			
		-	OCCURRENCE										L AGGREGATE	\$			
										GENERO	LAGGREGATE	s					
INGB	CLAIMS MADE								CTIVE	POLICY EXPIRATION			1,				
	PAYEE		TYPE OF				PÓLICY NUMBER			YYYY)				EDUCTIBLE			
Α		_	VEH COLL	.ISIOI	NLOSS	P03-260	P03-2602-A28-17M			14	07/28/2014	■ ACV	☐ AGREED AM	T \$	LIMIT		
													STATED AM	\$ 500	DED		
Α		<u> </u>	VEH COM	P	VEH OTC	P03-260	P03-2602-A28-17M			14	07/28/2014	■ ACV	AGREED AM	т \$	LIMIT		
			L			1.00.200					0772072014		STATED AM	\$ 500	DED		
		PRO	PERTY									☐ ACV	AGREED AM	T s	LIMIT		
			BASIC		BROAD							☐ RC	STATED AM	ГΙ΄			
			SPECIAL					ľ						\$	DED		
														1			
			•														
REM	ARKS (INCL	UDING SPE	CIAL	CONDITIONS	/ OTHER COV	/ERAGES) (Attach ACORD	101, Addi	tional Remark	Sched	fule, if more space is re	quired)					
											•						
			<u>L INTER</u>							C/	ANCELLATION						
Sele	ct one	of 1	the follow	ing:						s	HOULD ANY OF TH	E ABOVE	DESCRIBED PO	LICIES BE	CANCELLED		
							the policy(ies) listed herein i		umber(s).	В	EFORE THE EXPIRA	ATION DA	TE THEREOF, N	OTICE WIL	L BE		
\	A requi	erein	is been subj by policy nu	mitted imber(to add the addi (s).	itional interest d	described below to the policy	y(ies)		□	ELIVERED IN ACCO	RDANCE	WITH THE POL	CY PROVIS	SIONS.		
VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED DESCRIPTION OF THE ADDITIONAL INTEREST																	
NAME AND ADDRESS OF ADDITIONAL INTEREST									1	ADDITIONAL INSURE	:D 🔲	LOSS PAYEE					
			Lexingto	on-F	ayette Urba	an County C	Government				LENDER'S LOSS PAY	ree 🔚					
	200 E. Main St.									LOAN / LEASE NUMBER							
			Lexingto	оп К	Y 40507					-							
-								AU	AUTHORIZED REPRESENTATIVE								

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	DUCER												
St	ate F	arm Jeff Briggs			CONTACT NAME: PHONE (A/C, No, Ext):	- 859-273-8512		FAX (A/C, No	859-27	1-5850			
		449 Lewis Hargett Cir. S	Suite 150		I F.MAII	All							
		Lexington KY 40503		PRODUCER	ADDRESS: debbie@jeffbriggs.net PRODUCER CUSTOMER ID #:								
				CUSTOMERII									
INSU	RED			MOUDED 4	State Farm Mutual Au			nv	NAIC# 25178				
		J M Crawford & Associa	ates		Otalo / attil Malaat / t		modranco compa	,	20170				
		131 Prosperous Pl Suit			INSURER B:								
		Lexington KY 40509	J	INSURER D :	INSURER C:								
					INSURER E :								
DES	SCRI	PTION OF VEHICLE OR EC	UIPMENT	-	INSURER E :								
	EAR	MAKE / MANUFACTURER	MODEL		BODY TYPE	[VEHICLE	EIDENTIFICATION NU	IMBER				
2	012	Buick	Enclave	SUV		5GAKRCED30	J119849)					
DE\$	CRIPTI	ION						SERIAL NUMBER					
200			CERTIFICATE NUMBER:					ON NUMBER:					
	PERIO WHIC	OD(S) INDICATED, NOTWITHST CH THIS CERTIFICATE MAY BE	LICY(IES) OF INSURANCE LISTE FANDING ANY REQUIREMENT, ISSUED OR MAY PERTAIN, THE OCONDITIONS OF SUCH POLIC	TERM OR EINSURAN	CONDITION O	F ANY CONTRACT O	ROTHER	DOCUMENT WITH	H RESPEC	CT TO			
INSR	ADD'L INSRD		PÓLICY NUMBER	Р	OLICY EFFECTIV ATE (MM/DD/YYY			LIMI	rs				
		VEHICLE LIABILITY	****		•		COMBINE	D SINGLE LIMIT	\$				
			101 7001 110 170	01/16/2014	07/16/2014	BODILY II	ILY INJURY (Per person) \$ 500,000						
Α	Y		101-7091-A16-17C			BODILY II	NJURY (Per accident)						
						PROPERT	TY DAMAGE						
		GENERAL LIABILITY					EACH OCCURENCE \$						
		OCCURRENCE				GENERAL		LAGGREGATE \$					
		CLAIMS MADE							\$				
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	OLICY EFFECTIV ATE (MM/DD/YYY			LIMITS / DEC	UCTIBLE					
Α		VEH COLLISION LOSS	101-7091-A16-17C	01/16/2014	07/16/2014	■ ACV	☐ AGREED AMT	\$	LIMIT				
			101-7091-210-170	01/10/2014	07/10/2014		STATED AMT	\$ 500	DED				
Α		VEH COMP VEH OTC	101-7091-A16-17C		01/16/2014	07/16/2014	AÇV	☐ AGREED AMT	\$	LIMIT			
				01/10/2014	0771072014		STATED AMT	\$ 500	DED				
		PROPERTY					☐ ACV	AGREED AMT	\$	LIMIT			
		BASIC BROAD					RC	STATED AMT	\$	DED			
		SPECIAL											
REM	ARKS (L (INCLUDING SPECIAL CONDITIONS /	OTHER COVERAGES) (Attach ACORD	101, Additio	nal Remarks Sch	iedule, if more space is re	l guired)						
				,		,	,,						
AD	DITIO	DNAL INTEREST				CANCELLATION							
		e of the following:					- AROVE	DESCRIBED DOLL	CIEC DE C	NAMOELLED.			
			een added to the policy(ies) listed herein onal interest described below to the policy	nber(s).	SHOULD ANY OF THI BEFORE THE EXPIRA DELIVERED IN ACCO	TION DA	TE THEREOF, NO	TICE WILL	.BE				
			EASED FINANCED			DESCRIPTION OF THE AD	DITIONAL II	NTEREST					
NAM	E AND	ADDRESS OF ADDITIONAL INTERES	T			ADDITIONAL INSURE	<u> </u>	LOSS PAYEE					
		Lexington-Fayette Urbar	n County Government			LENDER'S LOSS PAY	EE						
		200 E. Main St.			ī	LOAN / LEASE NUMBER							
		Lexington KY 40507											
					AUTHORIZED REPRESENTATIVE								

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