

KWATSON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/8/2023

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 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	CONTACT Kim Watson					
	PHONE (A/C, No, Ext): (859) 977-4878 FAX (A/C, No):					
Lexington, KY 40505	E-MAIL ADDRESS kimwatson@gchinsurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: The Phoenix Insurance Company	25623				
INSURED	INSURER B : Travelers Property Casualty Company of America 25674					
Woodall Construction Co. Inc.	INSURER C : AGC Associated General Contractors of America Self Insurance Fu					
1332 Cahill Drive	INSURER D: Illinois Union Insurance Company	27960				
Lexington, KY 40504	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 SU	UBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD W	WD TOLIOT NOMBER	(MIM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	CO-9J193297	10/1/2022	10/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	χ PD Ded \$2,500					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	X	810-6N852615-22-26-G	10/1/2022	10/1/2023	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-9J202981-22-26	10/1/2022	10/1/2023	AGGREGATE	\$ 10,000,000
	DED X RETENTION \$ 10,000						\$ 10,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		/A 20184 1/1/2	1/1/2023 1/1/2024	1/1/2024	E.L. EACH ACCIDENT	\$ 4,500,000
						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Equipment Floater		QT-660-3G622395-PHX-22	10/1/2022	10/1/2023	Leased/Rented EQ	500,000
D	Pollution Liability		G46833892-006	10/1/2022	10/1/2023	Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Southland Park Storm Water Improvement Phase 2. Certificate holder is an additional insured in regards to auto & general liability, the general liability is primary. Policies contain a 30 day cancellation clause.

CERTIFICATE HOLDER	CANCELLATION
Lexington-Fayette Urban County Government 200 East Main Street Lexington, KY 40507	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KT 40007	AUTHORIZED REPRESENTATIVE
	John W. Hampton