OP ID: BD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2017

ÁTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

MPORTANT: 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 Garrett-Stotz Company 1601 Alliant Avenue Louisville, KY 40299 Steven M. Garrett		CONTACT Colleen Hickman					
		PHONE (A/C, No, Ext): 502-415-7034 FAX (A/C, No):	₃ : 502-415-7001				
		E-MAIL ADDRESS: cghickman@garrett-stotz.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A : Amerisure Mutual Insurance	23396				
INSURED	Smith Contractors, Inc.	INSURER B: Hanover American Ins. Co.	36064				
	PO Box 480 Lawrenceburg, KY 40342	INSURER C: Greenwich Insurance Company	22322				
		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	. X		CPP2026088	01/01/2017	01/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	X XCU						MED EXP (Any one person)	\$	5,000
						1	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY]		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X ANY AUTO			CA2026087	01/01/2017	01/01/2018	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS				1		BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB X OCCUR					, and the second	EACH OCCURRENCE	\$	10,000,000
Α	EXCESS LIAB CLAIMS-MADE			CU2026089	01/01/2017	01/01/2018	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC2054066	05/15/2016	05/15/2017	E.L. EACH ACCIDENT	\$	4,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	4,000,000
В	Builders Risk			IHWA855434	06/15/2017	06/15/2018	Limit		15,000,000
C	Pollution			PEC0049557	03/27/2017	01/01/2018	Limit		5,000,000

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

Project: Lexington - West Hickman 7 Lexington Fayette Urban County Government is named as additional insured as

required by written contract. Insurance is primary and non-contributory. A 30 day written notice applies except for non payment of premium.

CERTIFICATE HOLDER	CANCELLATION				
Lexington Fayette Urban County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
200 E. Main Street Lexington, KY 40507	AUTHORIZED REPRESENTATIVE J. A. T.				