



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/09/2023

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 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 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC PO Box 2030 360 East Vine Street, Ste 200 Lexington, KY 40588	CONTACT NAME: Karen S Marshall PHONE (A/C, No, Ext): 859-244-7687 FAX (A/C, No): 859-254-8020 E-MAIL ADDRESS: Karen.Marshall@MarshMMA.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Selective Insurance Company of America</td> <td>12572</td> </tr> <tr> <td>INSURER B : The Cincinnati Casualty Company</td> <td>28665</td> </tr> <tr> <td>INSURER C : KY Assoc. General Contractors SIF</td> <td>999999</td> </tr> <tr> <td>INSURER D : Tokio Marine Specialty Insurance Compan</td> <td>23850</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Insurance Company of America	12572	INSURER B : The Cincinnati Casualty Company	28665	INSURER C : KY Assoc. General Contractors SIF	999999	INSURER D : Tokio Marine Specialty Insurance Compan	23850	INSURER E :		INSURER F :
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INSURED Herrick Company, Inc. 2176 Waddy Road Lawrenceburg, KY 40342-9440														

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S2405322	10/11/2022	10/11/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car			S2405322	10/11/2022	10/11/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0			S2405322	10/11/2022	10/11/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	007033	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 4,500,000 E.L. DISEASE - EA EMPLOYEE \$ 4,500,000 E.L. DISEASE - POLICY LIMIT \$ 4,500,000
A	Builders Risk			S2405322	10/11/2022	10/11/2023	3,000,000/2,500 ded
D	Pollution			PPK2462716	09/05/2022	09/05/2024	2000000/6000000/2500ded
A	Rent/Leased Equip			S2405322	10/11/2022	10/11/2023	40,000/500 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Insurer B - Excess Liability:
 Policy Number #EXS0667731 Effective Date 10/11/2022 Expiration Date 10/11/23
 Limit \$5,000,000 Each Occurrence \$5,000,000 Aggregate
 (See Attached Descriptions)

CERTIFICATE HOLDER Lexington-Fayette Urban County Government 250 E 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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DESCRIPTIONS (Continued from Page 1)

Project: Bid#4-2023 Pump Station Mechanical Services

The Lexington-Fayette Urban County Government and Strand Associates, Inc. are included as additional insured when required by written contract but only with respects to the auto liability and general liability insurance including ongoing operations per CG2010 and products and completed operations hazard per CG2037 and subject to the provisions and limitations of the policy. The auto liability and general liability are written on a primary and non-contributory basis when required by written contract, subject to the provisions and limitations of the policy. The Umbrella policy is on a following form basis over the insuring conditions of the underlying scheduled Liability policies. 30 day Notice of Cancellation with respect to General Liability, Auto Liability and Umbrella Liability applies per form CG 28 04 10 93. LFUCG and Strand Associates, Inc. are included as loss payee with respect to their interest in the Builder's Risk coverage and subject to the provisions and limitations of the policy.