ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/26/2013

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	CONTACT Scott Pippen	
Blue Grass Insurance Agency, Inc.	PHONE (A/C, No, Ext): 859.543.0050 FAX (A/C, No): 859	.543.9699
2560 Richmond Road	E-MAIL ADDRESS:	
Suite 200	INSURER(S) AFFORDING COVERAGE	NAIC#
Lexington, KY 40509	INSURER A: Owners Insurance Company	32700
INSURED Murphy & Graves Architects, PLLC	INSURER B: KESA	
3399 TATES CREEK RD STE 250	INSURERC: Great American Insurance Co.	
Suite 250 LEXINGTON, KY 40502	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2013/2014 **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.

INSF	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY			4948231600	05/21/2013	05/21/2014	EACH OCCURRENCE	s 1,000,000
	X COMMERCIAL GENERAL LIABILITY		ļ				PREMISES (Ea occurrence)	s 50,000
	CLAIMS-MADE X OCCUR	1					MED EXP (Any one person)	\$ 5,000
A			ŀ				PERSONAL & ADV INJURY	s 1,000,000
			ĺ				GENERAL AGGREGATE	s 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	s 2,000,000
	X POLICY PRO- JECT LOC							s
	AUTOMOBILE LIABILITY			4948362700	05/21/2013	05/21/2014	COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
1	ANY AUTO						BODILY INJURY (Per person)	\$
A	ALL OWNED X SCHEDULED AUTOS		ŀ				,	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR			4948231600	05/21/2013	05/21/2014	EACH OCCURRENCE	\$ 2,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s 2,000,000
	DED X RETENTION\$ 10,000		į					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC10000155702012A	05/21/2013	05/21/2014	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	s 2,000,000
"	(Mandatory in NH)	"'^					E.L. DISEASE - EA EMPLOYEE	s 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		ļ				E.L. DISEASE - POLICY LIMIT	s 2,000,000
	Employment Practices			EPL4429519	07/17/2012	07/17/2013	500,0	000
C	Liability							
DES	DESCRIPTION OF OPERATIONS / JOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schedule, if more space is required)							

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

Project: RFP15-2013 (Public Safety EOC Architectural & Engineering Services)

Insured Party: Murphy+Graves+Trimble, PLLC

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.				
Attn: Todd Slatin 200 E. Main Street	AUTHORIZED REPRESENTATIVE				
Lexington, KY 40507	Scott Pippen/CL				