OP ID: KG

DATE (MM/DD/YYYY)

## ACORD

## CERTIFICATE OF LIABILITY INSURANCE

08/23/2016

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).

certifica	ite holder in lieu of such endorsement(s).					
PRODUCER Derby Insurance Agency, Inc. P.O. Box 1630 Somerset, KY 42502 Katrina E. Godbey		CONTACT NAME:				
		PHONE (A/C, No, Ext): 606-679-3570	FAX (A/C, No): 866	66-679-1492		
		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVE	NAIC#			
		INSURER A : Liberty Mutual Insurance	24074			
INSURED	Fitzsimons Office of Architect Greg Fitzsimons 110/112 W. Third Street Lexington, KY 40507	INSURER B : CNA Insurance Company				
		INSURER C:				
		INSURER D :				
		INSURER E :				
		INSURER F:				
COVEDA	CERTIFICATE NUMBER:	REVISIO	N NUMBER:			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIE	Y THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE	EN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED NOTA	JITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF AN	IY 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.

		INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS				
A	Х	COMMERCIAL GENERAL LIABILITY	IIVSD	VVVD			,	EACH OCCURRENCE	\$	1,000,000
	_	CLAIMS-MADE X OCCUR			BOP1642185	10/01/2015	10/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
		CEANGS-WADE 13 COOK						MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	GLI	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
									\$	
-	AUT	OTHER: OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
		AUTO							\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
A	-	EXCESS LIAB CLAIMS-MADE		CU8909164	CU8909164	10/01/2015	10/01/2016	AGGREGATE	\$	4,000,000
		DED X RETENTION \$							\$	
		RKERS COMPENSATION						PER OTH- STATUTE ER		
A	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	1	WC1642117	WC1642117	10/01/2015	10/01/2016	E.L. EACH ACCIDENT	\$	500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A			E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If ve	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
В	-	Professional Lia			AEH133328778	11/07/2015	11/07/2016	Occurence		1,000,000
_								Aggregate		2,000,000

## CERTIFICATE HOLDER LEXINGT Lexington-Fayette Co. Urban Government 200 East Main Street Lexington, KY 40505 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 Katrina E. Godbey

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