LOUIPAV-02

**CHICKMAN** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2019

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  Garrett-Stotz Company 1601 Alliant Ave  CONTACT Colleen G. Hickman  PHONE (A/C, No, Ext): (502) 415-7034  FAX (A/C, No):					
1001 Allialit Ave					
Louisville, KY 40299 E-MAIL Community	E-MAIL ADDRESS: cghickman@garrett-stotz.com				
INSURER(S) AFFORDING COVERAGE NA	DING COVERAGE NAIC #				
INSURER A : Valley Forge Insurance Company 20508	nce Company 20508				
INSURED INSURER B : National Fire Ins. of Hartford 20478	Hartford 20478				
Pace Contracting, LLC INSURER C: Navigators Insurance Company 42307	ce Company 42307				
15415 Shelbyville Road INSURER D. KY AGC SIF NA	NA				
Louisville, KY 40245 INSURER E : Berkley National Ins Co 38911	s Co 38911				
INSURER F: Indian Harbor Insurance Co. 36940	ance Co. 36940				

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSF	SR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		6012455573	4/1/2019	4/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	ΑU	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			6012455590	4/1/2019	4/1/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								Comp/Coll Ded	\$	2,000
С	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			CH19EXCZ01G98IV	4/1/2019	4/1/2020	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE			18803	1/1/2019	1/1/2020	E.L. EACH ACCIDENT	\$	4,000,000
	(Mandatory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	\$	4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	4,000,000
E	E Excess Liability				CEX09601027	4/1/2019	4/1/2020	Occ/Agg		15,000,000
F	F Professional & Pollu				CEO7446371	4/1/2019	4/1/2020	Occ/Agg		3,000,000

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

Project info:

Fourth Street Corridor Enhancement and Legacy Phase 3 Projects

Bid No. 77-2019

LFUCG listed as additional insured on the general liability policy, if required in written contract.

CERTIFICATE HOLDER	CANCELLATION

**LFUCG** 200 E 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.

AUTHORIZED REPRESENTATIVE

las antleh III