

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/17/2012

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).

certificate holder in lieu of such endorse		cies may require an end	orsement. A state	ement on this	s certificate does not con	nier ri	gnts to the
PRODUCER	CONTACT MICHAEL POPLETT						
MARSH CANADA LIMITED			PHONE (AC, No, Ext): 780-917-4850 FAX (AC, No): 780-429-1422				
2260, 10180 - 101 STREET			E-MAIL ADDRESS: MICHAEL.POPLETT@MARSH.COM				
EDMONTON, AB T5M 3S4			INSURER(S) AFFORDING COVERAGE			NAIC #	
			INSURER A:				
NSURED			INSURER B:				
STANTEC CONSULTING SERVICES INC.			INSURER C:				
1409 NORTH FORBES ROAD			INSURER D:				
LEXINGTON KY 40511-2024			INSURER E: LLOYD'S OF LONDON 37				37540
			INSURER F:				
COVERAGES CERTIFICATE NUMBER: 621			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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
NSR TTP TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
GENERAL LIABILITY						\$	
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	
POLICY PRO- JECT LOC						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
HIRED AUTOS NON-OWNED AUTOS					(Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR						\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N					TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					\$	
If yes, describe under					E.L. DISEASE - EA EMPLOYEE	•	
DESCRIPTION OF OPERATIONS below	NI/A	05000444	00/04/44	00/04/40	E.L. DISEASE - POLICY LIMIT		INALT
PROFESSIONAL LIABILITY INCLUDING ENVIRONMENTAL			08/01/11	08/01/12	CLAIM AND AGGREG \$2,000,000 INCLUSIVE CLAIMS MADE BASIS	E OF (
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach A			required)	CLAING WADE DAGIO		
LEXINGTON, KY. STANTEC PROJECT: 178599000; 200 RE: DOWNTOWN LEXINTON TRAFFIC MOVEMENT AND REVITALIZATION STUDY THE COVERAGE SHALL NOT BE CANCELLED OR NON RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER. BEST'S RATING FOR INSURER E IS A							
CERTIFICATE HOLDER			CANCELLATION				
CERTIFICATE HOLDER			CANCELLATION				
LEXINGTON FAYETTE UCG 200 EAST MAIN STREET, SUITE 925 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				