

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/9/2014

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).

		LCONTACT						
PRODUCER		NAME: Stephanie Casey	CONTACT Stephanie Casey					
Al Torstrick I	nsurance Agency Inc	PHONE (A/C, No. Ext): (859)233-1461 FAX (A/C, No.):	859)281-9450					
343 Waller Ave	nue	E-MAIL ADDRESS: scasey@altorstrick.com	E-MAIL ADDRESS scasey@altorstrick.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #					
Lexington	KY 40504	INSURER A Grange Mutual	14060					
INSURED		INSURER B:						
JJL Inc., DBA:	L E Gregg Associates	INSURER C:						
446 E High St		INSURER D:						
		INSURER E :						
Lexington	KY 40505	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.

INSR LTR	NSR TYPE OF INSURANCE		ADDL	SUBR	SUBR POLICY EFF POLICY EXP				LIMITS		
LTR			INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	-		
1	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000		
	Х	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
A		CLAIMS-MADE X OCCUR	х		CPP233630806	10/10/2013	10/10/2014	MED EXP (Any one person)	\$ 10,000		
								PERSONAL & ADV INJURY	\$ 1,000,000		
								GENERAL AGGREGATE	\$ 2,000,000		
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
		POLICY X PRO-							\$		
	AUTOMOBILE LIABILITY					10/10/2013	10/10/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
A	Х	X ANY AUTO						BODILY INJURY (Per person)	\$		
^		ALL OWNED SCHEDULED AUTOS AUTOS		CPP233630806	BODILY INJURY (Per accident)			\$			
	X							PROPERTY DAMAGE (Per accident)	\$		
								PIP-Basic	\$		
	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 2,000,000		
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000		
	DED X RETENTION\$			CUP-2625460-04	CUP-2625460-04	10/10/2013	10/10/2014		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Valuable Papers & Records				CPP233630806	10/10/2013	10/10/2014	Valuable Papers covered up to	Up to		
A	co	v. on premises						\$500,000 Per Loss Aggregate	500,000 agg.		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The general liability policy includes the attached additional insured endorsement.

Job: Bid 54-2014 Construction Material Sampling Testing/Special Inspection Lexington, KY

CERTIFICATE HOLDER	CANCELLATION
(859)258-3780 sstone@lexingtonky.gov  LFUCG 200 E. Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	Stephanie Casey/MJA Stephanie Cosey

OANOELL ATION

ACORD 25 (2010/05)

OFFICIOATE HOLDER



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/09/2014

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C	ertificate holder in lieu of such endors				CONTAC						
PRO	DUCER				NAME:				FΔΥ		
	e Underwriters Group, Inc.				E-MAIL	, Ext):502-24	14-1343		(A/C, No):	502-2	44-1411
1700 Eastpoint Parkway				ADDRES		NUDEDIC AFFE	DINO 00' (55 * 6 5			NAIG #	
P.O. Box 23790 Louisville, KY 40223				INSURER(S) AFFORDING COVERAGE INSURER A: Kentucky Employers' Mutual Insurance					7.0	NAIC#	
INSURED										;e	10320
JJL, Inc. dba L.E. Gregg Associates, Inc							crarcy ins	surance Comp	ally		37885
c/c	Bell Engineering				INSURE						
	30 Fortune Drive, Suite 350				INSURER D: INSURER E:						
Lex	kington, KY 40509				INSURE						
CO	VERAGES CER	TIFIC	ATE	NUMBER:	INSORE	XI.		REVISION NU	MBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLIC	EMEN UN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	OF ANY	' CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WIT DIHEREIN IS SI	TH RESPEC	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRE		\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO REN PREMISES (Ea ∞	TED currence)	\$	
	CLAIMS-MADE CCCUR							MED EXP (Any on	e person)	\$	
								PERSONAL & ADV	/ INJURY	\$	
								GENERAL AGGRE	EGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM	MP/OP AGG	\$	
	POLICY PRO- JECT LOC							COMBINED SING	FLIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)		\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (I		\$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (I		\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB CCCLIP							E401100011DDD	105	-	
	- CCOR							EACH OCCURRE	NCE	\$	
	OLAIMO-MADE							AGGREGATE		\$	
A	DED   RETENTION \$   WORKERS COMPENSATION			369595	(	04/01/2014	04/01/2015	X WC STATU- TORY LIMITS	OTH-	Þ	
А	AND EMPLOYERS' LIABILITY  ANY DRODDIETOR/DARTNED/EYECLITIVE  Y / N							E.L. EACH ACCID		¢1 0	00,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
	If yes, describe under							E.L. DISEASE - PO			00,000
В	DESCRIPTION OF OPERATIONS below Professional Liability			DPR9714337	(	04/01/2014	04/01/2015	Each Claim	DEICT LINIT		00,000
								Aggregate		2,0	00,000
DEC		FC (1)	40 als i	CODD 404 & ddiffered Demorto	Calcadula		o maguitima al)				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE  : Bid 54-2014 Construction Material	_									
002	. Bid 31 2011 combet decion Macciful	Dang		, rebeing/bpecial inspec	ccion,	Bearingcon,	101				
CE	RTIFICATE HOLDER				CANC	ELLATION					
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.						
20	O East Main Street				ACC	ORDANCE W	IIA IAE PULK	JI FROVISIONS.			
		AUTHORIZED REPRESENTATIVE									

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Bune W Ferguson

Lexington, KY 40507