

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/26/2012

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).

PRODUCER		CONTACT CONSTRUCTION DEPARTMENT					
Wells Fargo Insurance Services US	ells Fargo Insurance Services USA, Inc.			PHONE (A/C, No, Ext): 502.425.9444 FAX (A/C, No): 855.			
950 Breckenridge Lane, Suite 50		E-MAIL ADDRESS:					
P O Box 7809 (40257-0809)			NAIC #				
Louisville, KY 40207-4675		INSURER A :	National Trust Insurance	e Company	20141		
INSURED		INSURER B: Kentucky Associated General Contractors Self Ins					
Todd Johnson Contracting Inc	INSURER C :	23850					
497 Dillehay Street		INSURER D :					
		INSURER E :					
Danville, KY 40422		INSURER F :					
COVERAGES	CERTIFICATE NUMBER: 5213674		REV	ISION NUMBER: See bel	ow		

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.

NSR

TYPE OF INSURANCE

ADDLISUBR INSR WYD

POLICY NUMBER

POLICY EFF POLICY EXP (MM/DD/YYYY)

LIMITS

INSR	TYPE OF INSURANCE	INSR WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	GENERAL LIABILITY		CPP0010684	11/01/12	11/01/13	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY			100000000000000000000000000000000000000	200000000000000000000000000000000000000	PREMISES (Ea occurrence)	S	100,000
	CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- X LOC						5	
A	AUTOMOBILE LIABILITY		CA0014962	11/01/12	11/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	5	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	5	
	× \$1,000 Ded C						5	
Α	X UMBRELLA LIAB X OCCUR		UMB0009943	11/01/12	11/01/13	EACH OCCURRENCE	s	9,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	9,000,000
	DED RETENTIONS						S	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		7040	01/01/12	12/31/12	X WC STATU- TORY LIMITS ER		
	AND EMPLOYER'S CHABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		70.10			E.L. EACH ACCIDENT	\$	4,000,000
						E.L. DISEASE - EA EMPLOYEE	s	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s	4,000,000
С	Pollution Liabililty		Binder	11/26/12	11/01/13	\$1,000,000 Limit		
			,A					

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

RE:#109-2012, Project #509, Meadows-Northland-Arlington Neighborhood Improvements, Phase 5A - The certificate holder is named additional insured as per the written contract with respect of the general liability arising out of the named insureds operations.

CERTIFICATE HOLDER	CANCELLATION
Lexington-Fayette Urban County Government 200 East 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.
N. W.	AUTHORIZED REPRESENTATIVE Gene Symlan

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