OP ID: PC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/09/2022

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 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)

	riginio to tino continuatio nonaen in nea en					
PRODUCER	859-252-0381	CONTACT Robert Buchanan				
Cambridge Insurance 2300 Regency Rd		PHONE (A/C, No, Ext): 859-252-0381	FAX (A/C, No): 859-2	52-2153		
Lexington, KY 40503		E-MAIL ADDRESS:				
Robert Buchanan		INSURER(S) AFFORDING CO	NAIC #			
		INSURER A: Cincinnati Insurance Cor	mpanies	10677		
INSURED Gooch Construction, Inc.		INSURER B : Kentucky Employers Mu	10320			
Attn: Patty Eades		INSURER C:				
Attn: Patty Eades 206 Edgewood Dr Nicholasville, KY 40356		INSURER D:				
Nicholasville, KT 40550		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	PEVISI	ON NUMBER:			

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.

	VCF	JSIONS AND CONDITIONS OF SUCH I				EDOCED BY I				
INSR LTR		TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	's	
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,00	00,000
		CLAIMS-MADE X OCCUR			EPP 0563494	01/01/2022	01/01/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50	00,000
								MED EXP (Any one person)	φ	10,000
								PERSONAL & ADV INJURY	1,00	00,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,00	00,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,00	00,000
		OTHER:							\$	
Α	AU ⁻	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	X	ANY AUTO			EPP 0563494	01/01/2022	01/01/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,00	00,000
		EXCESS LIAB CLAIMS-MADE			EPP 0563494	01/01/2022	01/01/2023	AGGREGATE	\$ 5,00	00,000
		DED RETENTION \$							\$	
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		432739	01/01/2022 01/01/2023	E.L. EACH ACCIDENT	\$ 1,00	00,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		11/A					E.L. DISEASE - EA EMPLOYEE	1,00	00,000
$oxed{oxed}$	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	φ ,	00,000
A	Equ	uipment Floater			EPP0563494	01/01/2022	01/01/2023	Leased/Re	15	50,000
	Lea	sed/Rent Equip						Deductibl		1,000

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

RE: Bid#11-2022 Leestown Rd Culvert Replacement Lexington-Fayette Urban County Government is additional insured for general liability purposes when required by written contract. A 30-day prior notice of cancellation is added for the certificate holder.

CERTIFICATE HOLDER		CANCELLATION
Lexington Fayette Urban County	LEX FAY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 E. Main Street Lexington, KY 40507		Patricia Laine

ACORD