



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/27/2021

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).

PRODUCER AssuredPartners of Missouri, LLC 11975 Westline Industrial Dr St Louis MO 63146		CONTACT NAME: Samuel Ruff PHONE (A/C, No, Ext): (314) 523-8800 E-MAIL ADDRESS: samuel.ruff@assuredpartners.com		FAX (A/C, No): (314) 453-7555	
INSURED Geotechnology, LLC 11816 Lackland Road, Suite 150 St. Louis MO 63146		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Zurich American Insurance Company			16535
		INSURER B: Travelers Property Casualty Co			36161
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 21/22: Revised Geo

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO478373808	03/01/2021	03/01/2022	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAP478373908	03/01/2021	03/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP41M2517A21	03/01/2021	03/01/2022	EACH OCCURRENCE	\$ 8,000,000
							AGGREGATE	\$ 8,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC478373708	03/01/2021	03/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000


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

RE: J038720.01

Owner Shall be named as additional insured in the general liability policy & commerical automobile liability policy

SEE PAGE 2 FOR COVERAGES THAT ARE AUTOMATICALLY INCLUDED.

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. AUTHORIZED REPRESENTATIVE 
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ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Missouri, LLC		NAMED INSURED Geotechnology, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

GENERAL LIABILITY

- Designated Per Project General Aggregate
- Designated Per Location General Aggregate
- Additional Insured: Automatic – Owners, Lessees or Contractors applies to any person or organization whom you are required to add as an additional insured under written contract or written agreement.
- Additional Insured: Vendors per written contract or written agreement
- Additional Insured - Owner, Manager or Lessor of Premises at which you are performing or have performed operations. Person/Organization: Each Premises Owner, Manager or Lessor that you agree, but not in a written contract or agreement, to include as an Additional Insured on this coverage part.
- PROJECT/LOCATION: Each Project for which a written contract you have with a tenant of the premises: 1) Owned or Leased by a person or organization that is a premises owner or Lessor or 2) Managed by a person or organization that is a premises manager WHICH REQUIRE "YOUR WORK" to be performed for such tenant.
- Additional Insured - Mortgagee, Assignee or Receiver in favor of: Each Mortgagee, Assignee or Receiver that you agree, but not in a written contract or agreement, to include as an Additional Insured.
- Additional Insured: Lessor of Leased Equipment – Automatic Status when required in lease agreement
- Additional Insured: Government Entity per written contract or agreement
- Primary & Non-Contributory per written contract or agreement
- Waiver of Subrogation per written contract or agreement
- Broadened Contractual Liability; Removes the 50ft Railroad Exclusion.
- 30 Day Notice of Cancellation should the policy be cancelled or non-renewed: except 10 Day Notice of Cancellation due to non-payment of premium.
- The General Liability Policy is not subject to a SIR / Deductible.
- Coverage is provided for X, C, and U.

BUSINESS AUTO LIABILITY

- Additional Insured when required by written contract or agreement
- Lessor: Additional Insured and Loss Payee – Any Lessor for Any Leased Autos
- Loss Payable per written contract or agreement
- Primary & Non-Contributory Coverage when required by written contract or agreement
- Waiver of Subrogation when required by written contract or agreement
- 30 Day Notice of Cancellation should the policy be cancelled or non-renewed: except 10 Day Notice of Cancellation due to non-payment of premium.

WORKERS COMPENSATION / EMPLOYERS LIABILITY

- Workers Comp Coverage is provided for All States except Monopolistic States
- Employers Liability coverage is provided for All States including Monopolistic States (ND, OH, WA & WY)
- USL&H Coverage is provided for the following States: AR, IL, KS, KY, MI, MO, MS and TN
- Waiver of Subrogation when required by written contract or agreement
- 30 Day Notice of Cancellation should the policy be cancelled or non-renewed; except 10 Day Notice of Cancellation due to non-payment of premium.

UMBRELLA LIABILITY

- Coverage is Follow Form and in addition to the scheduled underlying policies:
 - o General Liability
 - o Business Auto Liability
 - o Employers Liability
- Additional Insured coverage is provided when required by written contract or agreement
- Primary & Non-Contributory is provided when required by written contract or agreement
- Waiver of Subrogation coverage is provided when required by written contract or agreement
- 30 Day Notice of Cancellation will be provided for reasons other than Non-Payment of Premium.

SUBJECT TO THE POLICY TERMS, CONDITIONS, AND EXCLUSIONS.