Client#: 39357

HWLOC

ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/28/2014

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) If Waiver of Subrogation is applicable, it only applies to the certain policies and the lieu of such endorsement(s) are such endorsement(s).

PRODUCER	CONTACT Salina Rivera					
Construction - Remegi Team		<sub>):</sub> 312-595-6381				
Mesirow Insurance Services 353 N. Clark Street	E-MAIL ADDRESS: srivera@mesirowfinancial.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
Chicago, IL 60654	INSURER A: Travelers Indemnity Co. of Amer	25666				
INSURED	INSURER B : St. Paul Fire & Marine Insuranc	24767				
H. W. Lochner, Inc.	INSURER C: Phoenix Insurance Company	25623				
225 West Washington, 12th Floor Chicago, IL 60606	INSURER D. Charter Oak Fire Insurance Comp	25615				
Cincago, il. 60606	INSURER E :					
	INSURER F:					
COVEDAGES CEDTIFICATE 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL L'ABILITY Α P6608451B877TIL14 05/01/2014 05/01/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY \$1,000,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000

\$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$2,000,000 POLICY PRO-05/01/2014 05/01/2015 COMBINED SINGLE LIMIT D AUTOMOBILE LIABILITY P8108451B877TIA14 \$1,000,000 ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) X X HIRED AUTOS X Drive Oth Car Physical Dam 1,000 Comp. \$1,000 Coll. В UMBRELLA LIAB ZUP10P6385414NF 05/01/2014 05/01/2015 EACH OCCURRENCE OCCUR \$10,000,000 EXCESS LIAB CLAIMS-MADE AGGREGATE \$10.000.000 X RETENTION \$10000 DED WORKERS COMPENSATION 05/01/2014 05/01/2015 X WC STATU-PNUB8976P38714 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$1,000,000 N

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

Job#000010177 Contract 8 CEI RFP#13-2014

LFUCG is included as an additional insured with respects to General Liability as required by written contract.

P6608451B877TIA1

CERTIFICATE HOLDER	CANCELLATION
LFUCG 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
	Joen P. Henney

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E.L. DISEASE - EA EMPLOYEE \$1,000,000

E.L. DISEASE - POLICY LIMIT \$1,000,000

500 Deductible

05/01/2014 05/01/2015 150,000

(Mandatory In NH)

Leased/Rented

**Equipment** 

If yes, describe under DESCRIPTION OF OPERATIONS below



## **CERTIFICATE OF LIABILITY INSURANCE**

HWLOCHN-01

SUHANDAJ

DATE (MM/DD/YYYY) 5/27/2014

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 po certificate holder in lieu of such end RODUCER	orseme	ent(s	<u>).                                    </u>	CONTA	OT											
Willis of Illinois, Inc. c/o 26 Century Blvd P.O. Box 305191					NAME: PHONE		ates@will	is.com	ΙFΔΥ								
					PHONE (877) 945-7378 FAX (A/C, No.): (888) 4 E-MAIL ADDRESS:						467-2378						
We	ashville, TN 37230-5191				ADDRE		JSIIRED(S) AEI	EODDING COVERAGE									
						INSURER(S) AFFORDING COVERAGE INSURER A : Lexington Insurance Company					NAIC #						
N	SURED				INSURER 8 :						19437						
H.W. Lochner, Inc. Mr. Paul Blachowicz 225 West Washington, Sulte 1200 Chicago, IL 60606						INSURER C:											
						INSURER D:											
						INSURER E:											
٠,	OVERAGES CF				INSURER F:												
		RTIFIC	CATE	NUMBER:				REVISION NUM	IBER:		<u> </u>						
	THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA	REQUI	REME	ENT, TERM OR CONDITION	N OF A	EN ISSUED NY CONTRA	TO THE INS CT OR OTH	URED NAMED ABOY	VE FOR	THE POL	ICY PERIO						
ì	CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	Y PER H POLIC	TAIN, CIES	THE INSURANCE AFFOR	DED BY	THE POLICE	CIES DESCR	IBED HEREIN IS SU	JBJECT	TO ALL	THE TERMS						
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٠	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP	<u>Y)</u>	LIMI	TS							
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					ļ			DAMAGE TO RENTE PREMISES (Ea occu		\$							
		-			1			MED EXP (Any оле р	<del></del>	\$							
	GEN'L AGGREGATE LIMIT APPLIES PER:	-						PERSONAL & ADV II		\$							
	POLICY PRO- LOC						İ	GENERAL AGGREG		\$							
	OTHER:			<u> </u>	- 1			PRODUCTS - COMP.	OP AGG	\$							
	AUTOMOBILE LIABILITY		$\neg$	<del></del>				COMBINED SINGLE	LIMIT	s							
	ANY AUTO				ĺ			(Ea accident) BODILY INJURY (Per	person)	s							
	ALL OWNED SCHEDULED AUTOS		İ					BODILY INJURY (Per		s							
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$							
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	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE		\$	· · · · · · · · · · · · · · · · · · ·						
	DED   RETENTION S   WORKERS COMPENSATION	-		<del></del>						\$							
	AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		<del>-</del>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1					E.L. EACH ACCIDENT		\$							
	if yes, describe under DESCRIPTION OF OPERATIONS below		ľ					E.L. DISEASE - EA EN	IPLOYEE	\$							
-	Professional Liab.		-	44477499				E.L. DISEASE - POLIC	YLIMIT	\$							
ĺ	rologolollar Elab.		U	44177432		5/1/2014	5/1/2015	Per Claim/Agg:			2,000,0						
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ľ	No.: 000010177 - Contract 8 CEI RFP #1	3-2014		- 1 - manusing remarks Schedule	, may be a	rrached it More	space is requir	red)									
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j						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
LFUCG 200 East Main Street Lexington, KY 40507					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE												
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