Client#: 1790805 CRAS

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/16/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Jordan Rudd				
USI Insurance Services, LLC	PHONE FAX (A/C, No, Ext): - (A/C, No):				
2365 Harrodsburg Road	E-MAIL ADDRESS: jordan.rudd@usi.com				
Suite A300	INSURER(S) AFFORDING COVERAGE	NAIC #			
Lexington, KY 40504	INSURER A: State Automobile Mutual Insurance Co.	25135			
INSURED	INSURER B: Kentucky Assoc Gen Cont Self Ins Fund	A55002			
C & R Asphalt, LLC	INSURER C:				
dba Lexington Blacktop 413-415 Rebmann Lane	INSURER D:				
	INSURER E:				
Lexington, KY 40533	INSURER F:				

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.

INSR LTR		TYPE OF INSURA	NCE	ADDL SU	UBR /VD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL	-			10168112CP	03/20/2024		EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	X	BI/PD Ded:3,000							MED EXP (Any one person)	\$15,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APP	PLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	AUT	AUTOMOBILE LIABILITY				10168110CA	03/20/2024	03/20/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
			CHEDULED UTOS						BODILY INJURY (Per accident)	\$
	Χ	HIRED V N	ION-OWNED UTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		,,	10100011						(i oi dooldoni)	\$
Α	Χ	UMBRELLA LIAB X	OCCUR			10168121CU	03/20/2024	03/20/2025	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED X RETENTION	\$0							\$
В		KERS COMPENSATION				23444	01/01/2024	01/01/2025	X PER STATUTE OTH-	·
	ANY	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s1.000.000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)] N/A				E.L. DISEASE - EA EMPLOYEE	\$1.000.000		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$1,000,000
				/		404 Additional Bassada Oakadala saa				

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

Proof of Insurance.

LFUCG is listed as an Additional Insured on the General Liability, Auto, and Umbrella policies when required per written contract.

CERTIFICATE HOLDER	CANCELLATION			
LFUCG 200 E. Main St. 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			
	Al Ard			
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