



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2013

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 liquid for such and conditions.

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).											
	DUCER	Sellie	musj.	•	CONTA	CONTACT CONSTRUCTION DEPARTMENT					
Commercial Lines - (502) 425-9444					PHONE 502 425 0444 FAX 955 200 1247						
Wells Fargo Insurance Services USA, Inc.					E-MAIL						
950 Breckenridge Lane, Suite 50						ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
Louisville, KY 40207-4675					INCHO!	INSURER A: Westfield Insurance Company				NAIC # 24112	
INSURED					INSURE			ed General Contractors Se	eif Ins		
Bluegrass Contracting Corporation						INSURER C:					
P O Box 11638					INSURE						
						INSURER E :					
Lexington, KY 40576-1638						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 6232174 REVISION NUMBER: See below										11/4/	
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.										TIL TERMO,	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
Α	GENERAL LIABILITY			CMM7583921		07/01/13	07/01/14	EACH OCCURRENCE	S	1,000,000	
	X COMMERCIAL GENERAL LIABILITY			0		0,,01,13	0/101/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE X OCCUR						 -	MED EXP (Any one person)	S	10,000	
	X XCU Included							PERSONAL & ADV INJURY	S	1,000,000	
					ĺ			GENERAL AGGREGATE	s .	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPIOP AGG	\$	2,000,000	
	POLICY X PRO- JECT LOC								S		
Α	AUTOMOBILE LIABILITY			CMM7583921		07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	S		
1	ALL OWNED SCHEDULED AUTOS							, ,	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	s		
	\$500 Comp D \$1,000 Coll De					<u> </u>		\$500 Ded Comp	\$	\$1,000 Coll Ded	
Α	X UMBRELLA LIAB X OCCUR			CMM7583921		07/01/13	07/01/14	EACH OCCURRENCE	\$	8,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	8,000,000	
	DED X RETENTION\$ 10,000								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			18882-0		01/01/13	12/31/13	X WC STATU- TORY LIMITS ER			
	ANY PROPRIÈTOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	4,000,000	
	(Mandatory in NH) If yes, describe under					1		E.L. DISEASE - EA EMPLOYEE	\$	4,000,000	
	DÉSCRIPTION OF OPERATIONS below	-	$\vdash \vdash$		-			E.L. DISEASE - POLICY LIMIT	S	4,000,000	
		. [-								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL			ACODD 404 Additional Demodes	C-Ldl-						
					scneaule,	, if more space is	requirea)				
RE:2012 Construction Unit Price Contract, Bid #94-2012 - See Above.											
CERTIFICATE HOLDER (CANCELLATION					
					ONROLLEATION						
Lexington-Fayette Urban County Government					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
200	E Main Street					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Lexington KY 40507											
					AUTHORIZED REPRESENTATIVE						
					Jean Szanfon						