



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2023

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<br>Peoples Insurance Agency, LLC<br>101 Fifth Ave<br>Huntington, WV 25701 | CONTACT NAME: Tom Bottoms                            | FAX (A/C, No): 304-522-6563       |
|  | PHONE (A/C, No, Ext): 304-528-2478                   | E-MAIL ADDRESS: tbottoms@pebo.com |
| INSURER(S) AFFORDING COVERAGE  |  | NAIC #                            |
| INSURED<br>ConnHurst, LLC<br>3534 State Hwy 1626<br>Olive Hill, KY 41164-8832      | INSURER A: Phoenix Insurance Co                      | 25623                             |
|  | INSURER B: Travelers Property Casualty Co of America | 25674                             |
|  | INSURER C: KY Assoc General Contractors              |                                   |
|  | INSURER D: Westchester Surplus Lines Ins Co          | 10172                             |
|  | INSURER E:   |                                   |
|  | 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 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y         |          | CO3W710333    | 03/13/2023              | 03/13/2024              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                      | Y         |          | BA3W710879    | 03/13/2023              | 03/13/2024              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          | CUP3W711655   | 03/13/2023              | 03/13/2024              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000  |
| C        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | 019237        | 01/01/2023              | 01/01/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 4,500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 4,500,000<br>E.L. DISEASE - POLICY LIMIT \$ 4,500,000                                  |
| B        | Installation Floater   |           |          | CO3W710333    | 03/13/2023              | 03/13/2024              | Limit \$500,000   |
| B        | Leased or Rented Equipment   |           |          | CO3W710333    | 03/13/2023              | 03/13/2024              | Limit \$300,000   |
| D        | Pollution Liability  |           |          | PA12104703    | 06/08/2023              | 06/08/2024              | Limit \$1,000,000   |

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

Evidence of insurance. Umbrella is follow form over the underlying general liability, auto liability and employers liability coverages. Pollution liability limits are \$1 million each incident / \$2 million aggregate - occurrence form. Certificate holder is listed as additional insured on the General Liability and Auto Liability in respects to work performed by the named insured throughout the policy term. Coverage is Primary and Non-Contributory. XCU coverage is included. 30 day notice of cancellation applies.

Project: East Third and Ohio Street Stormwater and Sanitary Sewer Improvements

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| Lexington Fayette Urban County Government<br>Division of Water<br>200 East Main Street<br>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<br>   |

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