



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2022

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 Arthur J. Gallagher Risk Management Services, Inc. 1601 Alliant Avenue Louisville KY 40071 | CONTACT NAME: Sandra Whaley PHONE (A/C. No. Ext): 502-716-7851 E-MAIL ADDRESS: sandra_whaley@ajg.com | | FAX (A/C. No): 502-716-7909 | | | | | | | | | | | | | |
|---|--|--|------------------------------------|-------------------------------|--------|---|-------|---|-------|--|-------|--|-------|---|-------|-------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER B : Crum & Forster Specialty Insurance Co</td> <td>44520</td> </tr> <tr> <td>INSURER C : AXIS Surplus Insurance Company</td> <td>37273</td> </tr> <tr> <td>INSURER D : Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER E : Everest Indemnity Insurance Company</td> <td>10851</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Zurich American Insurance Company | 16535 | INSURER B : Crum & Forster Specialty Insurance Co | 44520 | INSURER C : AXIS Surplus Insurance Company | 37273 | INSURER D : Evanston Insurance Company | 35378 | INSURER E : Everest Indemnity Insurance Company | 10851 | INSURER F : |
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| INSURER F : | | | | | | | | | | | | | | | | |
| INSURED Boyd Company 10001 Linn Station Rd Louisville KY 40223 | BOYDCOM-02 | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 83627382

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | Y | Y | GLO 2925290-00 | 3/1/2022 | 3/1/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | BAP 2925291-00 | 3/1/2022 | 3/1/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C D | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | Y | Y | P-001-000826017-01 MKLV5EUE101904 | 3/1/2022 3/1/2022 | 3/1/2023 3/1/2023 | EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 Each Occurr/ Aggregat \$ 2,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC 2925289-00 | 3/1/2022 | 3/1/2023 | <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 |
| B A E | Environmental Liability Garagekeepers 3rd Excess Layer | | | PLL-108540 BAP 2925291-00 XC1EX00658-221 | 10/1/2021 3/1/2022 3/1/2022 | 10/1/2024 3/1/2023 3/1/2023 | Each Occurrence \$5,000,000 Each Occurrence \$2,000,000 Each Occurr/ Aggregate \$5,000,000 |

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

Certificate holder is additional insured for the General Liability and Comm Auto policies per endorsement U-GL-2162-A (02/19) & UGL 1114A, U-CA-424-F CW (04/14) U-CA-387-A (07/94), U-CA-825-B (02/14) The insurance provided in the General Liability & Commercial Auto policy is primary and Non-Contributory. A Waiver of Subrogation applies with respect to the General Liability, Comm Auto & Workers Compensation Policy's as required by written contract Pursuant to and subject to the policy's terms, definitions, conditions and exclusions. U-CA-832 A (01/13) Blanket Notification of to others of non-renewal or cancellation Umbrella/ Excess Liability is follow form in accordance with the General Liability, Comm Auto, Workers Compensation

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as a surplus lines coverage pursuant to the Kentucky insurance statutes.
See Attached...

CERTIFICATE HOLDER**CANCELLATION 30 Day Notice of Cancellation**

Lexington-Fayette Urban County Government
 200 East Main Street
 Lexington KY 40507
 USA

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 Arthur J. Gallagher Risk Management Services, Inc. | | NAMED INSURED Boyd Company 10001 Linn Station Rd Louisville KY 40223 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | (Empty) | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Lexington-Fayette Urban County Government, its elected officials, employees, agents, boards, consultants, assigns, volunteers and successors are included as additional insured on the General Liability and auto liability policies, as per endorsement UGL1345-A, edition 09 08. This insurance shall be primary and non-contributory and all other shall be excess.