ACORD-

RANDCON-<u>01</u>

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

DPOBRYAN

6/27/2012

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(les) 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).

ACTUINGMENT HANDER ST. LINE OF CO.							
PRODUCER		CONTACT David O'Bryan					
Arthur J. Gallagher Risk Management Services, Inc. 9300 Shelbyville Road, Suite 704			602) 716-7909				
Louisville, KY 40222	ě	EMAIL ADDRESS: david_obryan@ajg.com					
		Insurer(s) Affording Coverage	NAIC#				
		INSURER A : Bituminous Casualty Corporation	20096				
INSURED		Maures a : Fireman's Fund Insurance Company	21873				
Randle-Davies Construction Co., Inc.		INSURER C : Kentucky Employers' Mutual insurance	10320				
#1 Mill Creek Park	•	INSURER D:					
Frankfort, KY 40601		INSURER E :					
		INSURER F:					

COVERAGES

CERTIFICATE 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	TYPE OF INSURANCE	ADDL S	WBR MVO	POLICY NUMBER	POLICY EFF (MM/OD/YYYY)	POLICY EXP	LEMIT	S	
	GENERAL LIABILITY			· ·			EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY		ŀ	CLP3562069B	12/4/2011	12/4/2012	DAMAGE TO RENTED PREMISES (Es cocurrence)	\$	100,000
	CLAIMS-MADE X OCCUR		1				MED EXP (Any one person)	5	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	S	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	5	2,000,000
	POLICY X TEST LOC							Ş	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Es socident)	\$	1,000,000
A	X ANY AUTO			CAP3562068B *	12/4/2011	12/4/2012	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BOOILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	3,000,000
8	EXCESS LIAB CLAIMS-MADE		Ė	SUO-000-4861-1398	12/4/2011	12/4/2012	AGGREGATE	5	
	DED X RETENTIONS							\$	3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH-		
C	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	k	321694	12/4/2011	12/4/2012	E.L. EACH ACCIDENT	5	1,000,000
	(Mandatory in NH)	****	1				E.L. DISEASE - EA EMPLOYEE	5	1,000,000
	Îl yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
			-					4	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) PROJECT; 2012 CONSTRUCTION UNIT PRICE CONTRACT

CERTIFICATE HOLDER	CANCELLATION

LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT DIVISION OF PURCHASING 200 EAST MAIN ST, 3RD FLOOR Lexington, KY 40507

TO: CONNIF

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

Christin flower

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POLICY NUMBER: CLP 3, 562 069

COMMERCIAL GENERAL LIABILITY CG 21 42 12 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – EXPLOSION, COLLAPSE AND UNDERGROUND PROPERTY DAMAGE HAZARD (SPECIFIED OPERATIONS)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Location And Description Of Operations	Excluded Hazard(s)
All Locations, Any Operations	The Blasting Portion of the "Explosion Hazard"

A. The following exclusion is added to Paragraph 2. Exclusions in Section I — Coverages:

This insurance does not apply to "property damage" included within the "explosion hazard", the "collapse hazard" or the "underground property damage hazard" if any of these hazards is entered as an excluded hazard on the Schedule.

This exclusion does not apply to:

- a. Operations performed for you by others; or
- **b.** "Property damage" included within the "products completed operations hazard":
- B. The following definitions are added to the **Definitions** Section:
 - "Collapse hazard" includes "structural property damage" and any resulting "property damage" to any other property at any time.
- 2. "Explosion hazard" includes "property damage" arising out of blasting or explosion. The "explosion hazard" does not include "property damage" arising out of the explosion of air or steam vessels, piping under pressure, prime movers, machinery or power transmitting equipment.

- "Structural property damage" means the collapse of or structural injury to any building or structure" due to:
 - Grading of land, excavating, borrowing, filling, back-filling, tunneling, pile driving, cofferdam work or calsson work; or
 - b. Moving, shoring, underpinning, raising or demolition of any building or structure or removal or rebuilding of any structural support of that building or structure.
- "Underground property damage hazard" includes "underground property damage" and any resulting "property damage" to any other property at any time.
- 5. "Underground property damage" means "property damage" to wires, conduits, pipes, mains, sewers, tanks, tunnels, any similar property, and any apparatus used with them beneath the surface of the ground or water, caused by and occurring during the use of mechanical equipment for the purpose of grading land, paving, excavating, drilling, borrowing, filling, back-filling or pile driving.



DATE (MM/DD/YYYY) 8/1/2012

212688

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the notice/(as) must be endorsed. If SURPOCATION IS WANTED subject to

the terms and conditions of the policy, certificate holder in lieu of such endors	certain p	olicies may require an er				
PRODUCER	/		CONTACT CONST	TRUCTION DE	PARTMENT	
Commercial Lines - (502) 425-9444				425.9444	FAV	209.1247
Wells Fargo Insurance Services USA, Inc.			E-MAIL ADDRESS:	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 	(A/O, NO):	
950 Breckenridge Lane, Suite 50			ļ	INSURER(S) AFFOR	POING COVERAGE	NAIC#
Louisville, KY 40207-4675				stfield Insuranc	The second secon	24112
INSURED		· · · · · · · · · · · · · · · · · · ·	MOONERA.		ed General Contractors Self Ins	
Bluegrass Contracting Corporation				Hucky Associat	ed Gerieral Contractors Geri Inc	
P O Box 11638			INSURER C :		COLUMN TO THE PROPERTY OF THE PARTY OF THE P	
			INSURER D :		A P. MARTINIA CONTRACTOR OF THE CONTRACTOR OF TH	
Lexington, KY 40576-1638			INSURER E :			
	TIELOATE	NUMBER: 4692357	INSURER F :		DT (10) Oki Bli ISBDED. O :	
THIS IS TO CERTIFY THAT THE POLICIES			VE DEEK LOOLED		REVISION NUMBER: See be	
INDICATED. NOTWITHSTANDING ANY RE	QUIREME	NT. TERM OR CONDITION	OF ANY CONTRA	CT OR OTHER	DOCUMENT WITH RESPECT TO	WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY I	PERTAIN,	THE INSURANCE AFFORD	ED BY THE POLICE	IES DESCRIBE	D HEREIN IS SUBJECT TO ALL	THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES.				-	
LTR TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	POLICY EF (MM/DD/YYY	POLICY EXP Y) (MM/DD/YYYY)	LIMITS	
A GENERAL LIABILITY		CMM7583921	07/01/12	07/01/13	EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000
X COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence) \$	300,000
CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$	10,000
X XCU included				***	PERSONAL & ADV INJURY \$	1,000,000
				İ	GENERAL AGGREGATE \$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	2,000,000
POLICY X PRO-					\$	
A AUTOMOBILE LIABILITY X ANY AUTO		CMM7583921	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000
ALL OWNED SCHEDULED				na na maria	BODILY INJURY (Per accident) \$	
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE \$	
HIRED AUTOS AUTOS					(Per accident)	
\$500 Comp D \$1,000 Coll De			<u> </u>		\$500 Ded Comp \$	\$1,000 Coll Ded
AOCCOR		CMM7583921	07/01/12	07/01/13	EACH OCCURRENCE - \$	8,000,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	8,000,000
DED X RETENTION S 10,000 WORKERS COMPENSATION					WC STATEL OTH	
B AND EMPLOYERS' LIABILITY Y/N		18882-0	07/01/12	12/31/12	X WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	4,000,000
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	4,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	4,000,000
``				1 to 10 A Feet		
	<u> </u>					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI			Schedule, if more space	e is required)		
RE:2012 Construction Unit Price Contract,	Bid #94-2	012 - See Above.				. "
					•	
						₩.
		toolookka takan aran aran aran aran aran aran aran				
CERTIFICATE HOLDER			CANCELLATIO	N		
Lexington-Fayette Urban County Governm	ent				ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D	
200 E Main Street		:		WITH THE POLK		ELIVERED IN
Lexington KY 40507						
			AUTHORIZED REPRE	SENTATIVE	- A - B)
		S		Yen	m-Sparken	ŧ
		t _i	l	<i>p</i> r		

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OP ID: KW

DATE (MM/DD/YYYY)

06/15/12

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(les) 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). 859-254-1836 CONTACT GCH Insurance Group FAX (A/C, No): 2250 Thunderstick Dr Ste. 1104 Lexington, KY 40505 859-226-0277 (AJC, No. Ext): E-MAIL ADDRESS: PRODUCER John Hampton CUSTOMER ID# LMASP-2 INSURER(S) AFFORDING COVERAGE INSURED L-M Asphalt Partners LTD INSURER A : Liberty Mutal Insurance Co 23043 dba ATS Construction 3009 Atkinson Ave., Ste 400 Lexington, KY 40509 INSURER C INSURER D 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSR WVD GENERAL LIABILITY 2,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY Х TB2-651-286966-022 04/01/12 04/01/13 300,000 S CLAIMS-MADE X OCCUR Excluded MED EXP (Any one person) \$ 2,000,000 PERSONAL & ADV INJURY 4,000,000 GENERAL AGGREGATE S GEN'L AGGREGATE LIMIT APPLIES PER 4,000,000 PRODUCTS - COMP/OP AGG | \$ POLICY X PRO-VITURALLE REOMOTUA Χ COMBINED SINGLE LIMIT 5 2,000,000 (Ea accident) Х AS7-651-286966-032 04/01/12 ANY AUTO 04/01/13 BODILY INJURY (Per person) 3 ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE X HIRED AUTOS S (Per accident) X NON-OWNED AUTOS \$ Uninsured Mot UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DEDUCTIBLE \$ RETENTION WORKERS COMPENSATION WC STATU- X PIN-AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE WC7-651-286966-012 04/01/12 04/01/13 1,000,000 E.L. EACH ACCIDENT FICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Invitation to Bid Number #94-2012, 2012 Construction Unit Price Contract
Lexington, KY, Letting date: June 26, 2012. Lexington-Fayette Urban
Country Government and its elected and appointed officials, employees,
agents, boards, consultants, assigns, volunteers and successors in interest
are additional insureds (continued page 2)

CERTIFICATE HOLDER	CANCELLATION
LFUCG00 Lexington-Fayette Urban County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Division of Central Purchasing 200 E. Main St.	AUTHORIZED REPRESENTATIVE

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John W. Hampton

Lexington, KY 40507

NOTEPAD:

LFUCG00

HOLDER CODE INSURED'S NAME L-M Asphalt Partners LTD

LMASP-2 OP ID: KW PAGE 2

DATE 06/15/12

as their interest may appear in regards to auto & general liability, general liability coverage is primary.

Pollution liability policy with \$1.000,000 Limit, \$25,000 Deductible in place. Explosion-Collapse-Underground coverage is included under the general liability.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2012

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the terms and conditions of the policy certificate holder in lieu of such endors	, certain p	olicies may require an e	ndorse	ment. A sta	tement on th	is certificate does not confer	rights to the
PRODUCER			CONTAI NAME:	CONSTR	UCTION DE	PARTMENT	
Wells Fargo Insurance Services USA, Inc.			PHONE	, Ext): 502.42	5.9444	FAX (AIC, No): 855.	209.1247
950 Breckenridge Lane, Suite 50			E-MAIL ADDRE	RC.		(200, 140).	
P O Box 7809 (40257-0809)			Appril		SURER(S) AFFOR	RDING COVERAGE	NAIC #
Louisville, KY 40207-4675			INSURE	A 1 - 4: -		rance Company	20141
INSURED			INSURE	16		ed General Contractors Self ins	
Todd Johnson Contracting Inc			INSURE		wity / tooosiat	od ochorar ochracica och me	<u></u>
497 Dillehay Street			INSURE			· · · · · · · · · · · · · · · · · · ·	
			INSURE				
Danville, KY 40422							
COVERAGES CER	TIEICATE	NUMBER: 4683499	INSURE	K F :		REVISION NUMBER: See be	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREMEN PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	/ CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	LICY PERIOD WHICH THIS
LTR TYPE OF INSURANCE	INSR WVD	POLICY NUMBER		(YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A GENERAL LIABILITY		CPP0010684		11/01/11	11/01/12	EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000
X COMMERCIAL GENERAL LIABILITY			ĺ			PREMISES (Es occurrence) \$	100,600
CLAIMS-MADE OCCUR						MED EXP (Any one person) \$	5,000
	1 1 1					PERSONAL & ADV INJURY \$	1,000,000
						GENERAL AGGREGATE \$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO: X LOC			;		***	PRODUCTS - COMP/OP AGG \$	2,000,000
A AUTOMOBILE LIABILITY		CA0014962		11/01/11	11/01/12	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
X ANY AUTO						BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS			ĺ			BODILY INJURY (Per accident) \$	
NON-OWNED						PROPERTY DAMAGE \$	
× \$1,000 Ded C						(Per accident) \$	*****
V IMPOCITATION V		LINEDO0000 40		4410444	44/04/40		9,000,000
A COCCUR EXCESS LIAB CLAIMS-MADE		UMB0009943		11/01/11 .	11/01/12		9,000,000
	1		Į				3,000,000
WORKERS COMPENSATION						X WC STATU- OTH-	
B AND EMPLOYERS LIABILITY Y/N		7040	ļ	01/01/12	12/31/12		4,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT \$	4,000,000
If yes, describe under			ļ			E.L. DISEASE - EA EMPLOYEE \$	4,000,000
DESCRIPTION OF OPERATIONS below		CPP0010684		11/01/11	11/01/12	E.L. DISEASE - POLICY LIMIT \$	
A Contractors Equipment-All Risk Leased / Rented Equip-All Risk installation Floater		CPP0010684 CPP0010684		11/01/11 11/01/11	11/01/12 11/01/12	As Scheduled / \$1,000 Deductible / ACV \$350,000 Limit / \$1,000 Deductible / ACV \$150,000 Limit / \$1,000 Deductible	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC RE:Contract Unit Cost 2012 - Coverage fo		'	Schedule	if more space is	required)	I control to the second	
CERTIFICATE HOLDER			CANC	ELLATION			
The state of the s			<u> </u>				
LFUCG 200 E Main Street Lexington KY 40507			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANCE! EREOF, NOTICE WILL BE D CYPROVISIONS.	
			AUTHO	RIZED REPRESE	NTATIVE 912	mSrada	

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DATE (MM/DD/YYYY)

08/02/12

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cermicate noider in neu or such endorsement(s).				
PRODUCER	CONTACT NAME:			
Creech & Stafford Ins Agcy Inc 210 Malabu Drive, Suite 200 Lexington KY 40502-3252 Phone:859-253-1371 Fax:859-233-9831	PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: ZKBCO-1			
EHOHE.603-200-1017 EGV.603-200-2007	INSURER(S) AFFORDING COVERAGE	NAIC #		
INSURED	INSURER A: Auto-Owners Insurance Co	18988		
ZKB Services LLC. 115 MacArthur Ct	INSURER B: Ohio Casualty 240			
Nicholasville KY 40356	INSURER C:			
	INSURER D :			
	INSURER E :			
·	INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	Š							
SENERAL LIABILITY COMMERCIAL GENERAL LIABILITY			CBP7043273	07/13/12	07/13/13	EACH OCCURRENCE DAMAGE TO RENTED	\$1000000 \$100000							
CLAIMS-MADE X OCCUR		.	ODE (0-132 / 3	01/13/12	07/13/13	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 100000 \$ 5000							
					-	PERSONAL & ADV INJURY	\$1000000							
						GENERAL AGGREGATE	\$2000000							
EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPJOP AGG	\$2000000							
POLICY PRO- LOC							\$							
AUTOMOBILE LIABILITY Z ANY AUTO			***************	10/15/11	10/10/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000							
ALL OWNED AUTOS										BA1003482	10/16/11	10/16/12	BODILY INJURY (Per person)	\$
SCHEDULED AUTOS	ŀ		·			BODILY INJURY (Per accident)	\$							
HIRED AUTOS									PROPERTY DAMAGE (Per accident)	\$				
NON-OWNED AUTOS								İ						
							\$							
UMBRELLA LIAB OCCUR	-				/	EACH OCCURRENCE	\$							
EXCESS LIAB CLAIMS-MADE				- Washington		AGGREGATE	\$							
DEDUCTIBLE	.						\$							
RETENTION - \$				[[49							
YORKERS COMPENSATION IND EMPLOYERS' LIABILITY Y/N			52004334	10/30/11	10/30/12	X WC STATU- OTH- TORY LIMITS ER								
NY PROPRIETOR/PARTNER/EXECUTIVE /	N/A					E.L. EACH ACCIDENT	\$100000							
Mandatory in NH)	,,,,					E.L. DISEASE - EA EMPLOYEE	\$ 100000							
yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500000							
yes, describe under ESCRIPTION OF OPERATIO	NS below	NS below	NS below	NS belaw	NS below	NS below	NS below E.L. DISEASE - POLICY LIMIT							

CERTIFICATE HOLDER		CANCELLATION
	<u>.</u>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
LFUCG 200 East Main Street		AUTHORIZED REPRESENTATIVE
Lexington KY 40507	ζ.	Joseph L. Stafford

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ACORD 25 (2009/09)

CERTIFICATE UOI DEB

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TOMCH-1 OP ID: SL

DATE (MM/DD/YYYY)

08/02/12

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). 859-277-8877 Kentucky Insurance Group LLC PHONE (A/C, No. Ext): 859-277-8877 E-MAIL ADDRESS: 859-252-5831 FAX (A/C. No): 859-252-5831 P O Box 910828 Lexington, KY 40591-0828 Sandy Dillender INSURER(\$) AFFORDING COVERAGE NAIC # INSURER A: Ohio Casualty Insurance 24066 INSURED Tom Chesnut Excavation & INSURER B : Bridgefield Casualty Ins. Co. 34169 Construction LLC INSURER C 1794 Highbridge Rd INSURER D Lancaster, KY 40444 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) Δ X COMMERCIAL GENERAL LIABILITY CBP8052336 07/11/12 07/11/13 100,000 \$ CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT POLICY \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 X ANY AUTO BA8053937 07/11/12 07/11/13 BODILY INJURY (Perperson) ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS ALITOS \$ X UMBRELLA LIAB Х 1,000,000 OCCUR EACH OCCURRENCE \$ EXCESSION CU8059037 07/11/12 07/11/13 1,000,000 Α CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY В ANY PROPRIETOR/PARTNER/EXECUTIVE 19401351 07/11/12 07/11/13 1,000,000 E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1.000.000 E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) XCU coverage is not excluded under the general liability policy. CERTIFICATE HOLDER CANCELLATION LFUCGCP SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **LFUCG** ACCORDANCE WITH THE POLICY PROVISIONS. Central Purchasing 200 E. Main St AUTHORIZED REPRESENTATIVE Lexington, KY 40507

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DATE (MM/DD/YYYY) 08/02/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER CONTACT	·
Reynolds Insurance Agency, Inc. PO Box 505 Reynolds Insurance Agency, Inc. PO Box 505 Reynolds Insurance Agency, Inc. PHONE PHONE (AIC, No.): 859-986-8484 Reynolds Insurance Agency, Inc.	986-4976
631 Chestnut St E-Mail Address:	
Berea, KY 40403 INSURER(9) AFFORDING COVERAGE	
INSURER A: Kentucky Associated General Contractors Fund S	NAIC#. 3 A0271
INSURED Sensabaugh Design & Construction LLC Sensabaugh Design & Construction LLC Sensabaugh Design & Construction LLC	25127
2993 Galico Road	Ard Like I
Berea, KY 40403 INSURER C:	
WSURER E:	
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CANCELLATION CANCELLATION	
200 E. Main Street SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL	en geenee
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DE	VERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.	unition
AUTHORIZED REPRESENTATIVE	
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ACORD 25 (2010/05)

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Kentucky Farm Bureau Mutual Insurance Company





Sensabaugh, John

Page 1 of 3

POLICY NUMBER 0020184541

POLICY PERIOD 7/27/12 to 1/27/13

MEMBERSHIP NUMBER 0001400303

YOUR AGENT Rob Newman 751 Lexington Rd P 0 Box 663 Lancaster KY 40444 859-792-2601 rob.newman@kvfb.com

Questions? Please call your agent for courteous and professional assistance.

♦ Review your coverages carefully! Please read the section "You Should Review Your Coverage" at the end of this Declaration for important information.

Declaration

This Amended Declaration is effective 8/2/12 at 1:19 p.m. standard time. It, along with the forms and endorsements listed below, constitutes the entire contract. This form supersedes any prior such forms bearing the same policy number. The policy is continuous until cancelled or expired in accordance with the terms of the policy.

NAMED INSURED: Sensabaugh, John Sensabaugh, Angela D 2993 Calico Rd Berea, KY 40403-8833

VEHICLES

VEHICLE DESCRIPTION	
	VEHICLE IDENTIFICATION NUMBER
2007 CADILLAC ESCALADE UTL4X44D	1GYFK63827R426443
2004 CHEVROLET SILVERADO PKP4X44D	1GCHK29U84E358812
1997 DODGE RAM PU2500 PKP 4X2	
111 DOUGE 10 MM 1 02000 FINE 4AZ	3B7KC23D8VM507808

General Policy Coverages

Uninsured Motorists	\$25,000 each person/\$50,000 each accident
	\$25,000 each person/\$50,000 each accident

Policy and Endorsements

Your policy is defined by this Declaration. In addition, your policy is defined by the documents listed here. Some documents may have been included in another packet.

Personal Automobile Policy, MAP (1-08)

Taxes and Surcharges

Local Government Premium Tax and Collection Fee Garrard County - 2007 CADILLAC ESCALADE UTL4X44D, 2004 CHEVROLET SILVERADO, 1997 DODGE RAM PU2500 PKP Kentucky Premium Surcharge

Total Discounts

Your total premium has been reduced \$695.80 for discounts shown on this Declaration.

DriveRight® Discount - You're saving \$341.40 on this policy on certain coverages because the driver(s) qualify for the DriveRight® Discount.

Active Property Discount - You're saving \$141.10 on your total auto policy premium for having your active property policy with us.

Multi-Vehicle Discount - You're saving \$122.30 on your total auto policy premium for having multiple vehicles insured

Passive Restraint Discount - You're saving \$36.00 on Personal Injury Protection coverage premiums for qualifying driver's side and passenger's side airbags.

040/001

8/2/12 - INSURED'S COPY







Automobile Insurance



Sensabaugh, John

Page 2 of 3

POLICY NUMBER 0020184541

POLICY PERIOD 7/27/12 to 1/27/13

MEMBERSHIP NUMBER 0001400303

YOUR AGENT Rob Newman 751 Lexington Rd P O Box 663 Lancaster KY 40444 859-792-2601 rob.newman@kyfb.com

Questions? Please call your agent for courteous and professional assistance.

Declaration - continued

Discounts - continued

Anti-Lock Brake Discount - You're saving \$24.60 on Bodily Injury, Property Damage, and Collision coverage premiums for factory-installed anti-lock brakes.

Anti-Theft Device Discount - You're saving \$30.40 on Other Than Collision coverage premiums for having an anti-theft device which qualifies under Kentucky law.

COVERAGE	COVERAGE LIMIT
Bodily Injury Liability	\$1,000,000 each person/\$1,000,000 each accident
Property Damage Llability	\$1,000,000 each accident
Medical Payments	\$500 each person/\$2,500 each accident
Auto Damage-Collision	\$1,000 deductible
Auto Damage-Other than Collision	\$500 deductible
Transportation Expenses	\$35 daily/\$1,050 total
Personal Injury Protection	
Limit of Liability	\$10,000 each person/no deductible
Work Loss, Replacement Service Loss, Survivor's Economic Loss and Survivor's Replacement Services Loss	\$200 each person, per week, subject to the limit of liability
Funeral Expense	\$1,000 each person, subject to the limit of liability

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COVERAGE	COVERAGE LIMIT	MACAMATA AND AND AND AND AND AND AND AND AND AN
Bodily Injury Liability	\$1,000,000 each person/\$1,000,000 each accident	
Property Damage Liability	\$1,000,000 each accident	
Medical Payments	\$500 each person/\$2,500 each accident	
Auto Damage-Other than Collision	\$500 deductible	∀
Transportation Expenses	\$35 daily/\$1,050 total	
Personal Injury Protection		
Limit of Liability	\$10,000 each person/no deductible	

040/001

8/2/12 - INSURED'S COPY

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Kentucky Farm Bureau Mutual Insurance Company





Sensabaugh, John

Page 3 of 3

POLICY NUMBER 0020184541

POLICY PERIOD 7/27/12 to 1/27/13

MEMBERSHIP NUMBER 0001400303

YOUR AGENT
Rob Newman
751 Lexington Rd
P O Box 663
Lancaster KY 40444
859-792-2601
rob.newman@kvfb.com

Questions? Please call your agent for courteous and professional assistance.

Declaration	_	continuea
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Funeral Expense

Work Loss, Replacement Service Loss, Survivor's Economic Loss and Survivor's Replacement Services Loss

Work Loss, Replacement Service \$200 each person, per week, subject to the limit of liability

\$1,000 e

\$1,000 each person, subject to the limit of liability

COVERAGE	PU2500 PKP 4X2 3B7KC23D8VM507808 COVERAGE LIMIT
Bodliy Injury Liability	\$1,000,000 each person/\$1,000,000 each accident
Property Damage Liability	\$1,000,000 each accident
Medical Payments	\$500 each person/\$2,500 each accident
Personal Injury Protection	1
Limit of Liability	\$10,000 each person/no deductible
Work Loss, Replacement Service Loss, Survivor's Economic Loss and Survivor's Replacement Services Loss	\$200 each person, per week, subject to the limit of liability
Funeral Expense	\$1,000 each person, subject to the limit of liability

John I. Roch

VICE PRESIDENT, PRODUCT AND RISK MANAGEMENT

You Should Review Your Coverage

Have you reviewed all of your automobile insurance coverages and coverage limits lately? If not, it's a good idea to do it now to ensure they are keeping up with your current needs.

Make sure you have the limits you want. Depending on your current limits, you may be able to purchase additional amounts of coverage. Higher limits may be available for Bodily Injury and Property Damage Liability, Uninsured Motorists, Underinsured Motorists, and Personal Injury Protection. Call your local Kentucky Farm Bureau agent for Information.

040/001

8/2/12 - INSURED'S COPY

2731



DATE (MM/DD/YYYY) 08/08/02/2012

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.

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ACORD 25 (2010/05)

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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/01/2012

66WOODACON

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.

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PRODUCER		CONTACT NAME:	All and a second a			
BB&T - Insurance Serv	ices	PHONE (A/C, No. Ext): 859 224-8899	6 643-2260			
of Lexington		E-MAIL ADDRESS:				
200 West Vine Street, Ste 300 Lexington, KY 40507		INSURER(S) AFFORDIN	NAIC#			
		INSURER A : Selective Insurance Co	12572			
INSURED Woodall Construction Company Inc 1332 Cahill Drive		INSURER B : Kentucky Associated G	WCSIF			
		INSURER C:				
	Orive CY 40504-1164	INSURER D :				
Lexington, K		INSURER E :				
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GENERAL LIABILITY		S1990088			EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY	<u> </u>	1			DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000
	CLAIMS-MADE X OCCUR	ļ				MED EXP (Any one person)	\$10,000
	X PD Ded:2,000	· [PERSONAL & ADV INJURY	s1,000,000
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	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS			. ,		PROPERTY DAMAGE (Per accident)	\$
	X Drive Oth Car						\$
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В	AND EMPLOYERS' LIABILITY		20184	06/07/2012	06/07/2013	* TORY LIMITS ER	
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$4,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	
	DÉSCRIPTION OF OPERATIONS below	 	*	00/05/00/0	0010710040	E.L. DISEASE - POLICY LIMIT	\$ 4,000,000
Α	Leased and Rented		S1990088	06/07/2012	06/07/2013	, ,	
	Equipment					\$2,500 Deductible	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
LFUCG is recognized as an Additional Insured as pertains to General Liability ATIMA regarding all jobs							
performed by Woodall Construction. General Liability coverage does not exclude XCU coverages.							
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LFUCG 200 E. 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
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