



RANDCON-01 DPOBRYAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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.

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PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 9300 Shelbyville Road, Suite 704 Louisville, KY 40222	CONTACT NAME: David O'Bryan	
	PHONE (A/C, Ho, Ext.): (502) 716-7859	FAX (A/C, No.): (502) 716-7909
E-MAIL ADDRESS: david_obryan@ajg.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Bituminous Casualty Corporation		20096
INSURER B: Fireman's Fund Insurance Company		21873
INSURER C: Kentucky Employers' Mutual Insurance		10320
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CLP3562069B	12/4/2011	12/4/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			CAP3562068B	12/4/2011	12/4/2012	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			SUO-000-4861-1398	12/4/2011	12/4/2012	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ \$ 3,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			321694	12/4/2011	12/4/2012	WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Y/N <input type="checkbox"/> N/A						

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: CONNIE	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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Randle-Davies

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"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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:

- 1. "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.

3. "Structural property damage" means the collapse of or structural injury to any building or structure due to:

- a. Grading of land, excavating, borrowing, filling, back-filling, tunneling, pile driving, cofferdam work or caisson 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.

4. "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.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KW

DATE (MM/DD/YYYY)

06/15/12

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PRODUCER GCH Insurance Group 2250 Thunderstick Dr Ste. 1104 Lexington, KY 40505 John Hampton	859-254-1836	CONTACT NAME:	
	859-226-0277	PHONE (A/C No., Ext):	FAX (A/C No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	LMA SP-2
INSURED L-M Asphalt Partners LTD dba ATS Construction 3009 Atkinson Ave., Ste 400 Lexington, KY 40509	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Liberty Mutual Insurance Co	23043
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	TB2-651-286966-022	04/01/12	04/01/13	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COM/PROP AGG	\$ 4,000,000
A	AUTOMOBILE LIABILITY	X	AS7-651-286966-032	04/01/12	04/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	<input checked="" type="checkbox"/> Uninsured Mot						\$
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	EXCESS LIAB					AGGREGATE	\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC7-651-286966-012	04/01/12	04/01/13	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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
 County 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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington-Fayette Urban County Government Division of Central Purchasing 200 E. Main St. Lexington, KY 40507	AUTHORIZED REPRESENTATIVE

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NOTEPAD:

HOLDER CODE LFUCG00
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.



CERTIFICATE OF LIABILITY INSURANCE

211986

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

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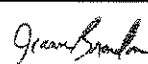
PRODUCER Wells Fargo Insurance Services USA, Inc. 950 Breckenridge Lane, Suite 50 P O Box 7809 (40257-0809) Louisville, KY 40207-4675	CONTACT NAME: CONSTRUCTION DEPARTMENT	
	PHONE (A/C No, Ext): 502.425.9444	FAX (A/C, No): 855.209.1247
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: National Trust Insurance Company		20141
INSURER B: Kentucky Associated General Contractors Self Ins		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 4683499 **REVISION NUMBER:** See below

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			CPP0010684	11/01/11	11/01/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$1,000 Ded C			CA0014962	11/01/11	11/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UMB0009943	11/01/11	11/01/12	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000	
B	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	7040	01/01/12	12/31/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 4,000,000 E.L. DISEASE - EA EMPLOYEE \$ 4,000,000 E.L. DISEASE - POLICY LIMIT \$ 4,000,000	
A	Contractors Equipment-All Risk			CPP0010684	11/01/11	11/01/12	As Scheduled / \$1,000 Deductible / ACV	
A	Leased / Rented Equip-All Risk			CPP0010684	11/01/11	11/01/12		\$350,000 Limit / \$1,000 Deductible / ACV
A	Installation Floater			CPP0010684	11/01/11	11/01/12		\$150,000 Limit / \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE:Contract Unit Cost 2012 - Coverage for XCU is in place.

CERTIFICATE HOLDER LFUCG 200 E Main Street Lexington KY 40507	CANCELLATION 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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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

08/02/12

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PRODUCER Kentucky Insurance Group LLC P O Box 910828 Lexington, KY 40591-0828 Sandy Dillender	859-277-8877	CONTACT NAME:	
	859-252-5831	PHONE (A/C, No, Ext): 859-277-8877	FAX (A/C, No): 859-252-5831
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Ohio Casualty Insurance	NAIC # 24066
		INSURER B : Bridgefield Casualty Ins. Co.	34169
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED **Tom Chesnut Excavation & Construction LLC**
1794 Highbridge Rd
Lancaster, KY 40444

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CBP8052336	07/11/12	07/11/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> HRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA8053937	07/11/12	07/11/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CU8059037	07/11/12	07/11/13	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	19401351	07/11/12	07/11/13	WC STATU-TORY LIMITS 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

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 LFUCG Central Purchasing 200 E. Main St Lexington, KY 40507	CANCELLATION LFUCGCP 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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PRODUCER Reynolds Insurance Agency, Inc. PO Box 505 631 Chestnut St Berea, KY 40403	CONTACT NAME:	PHONE (A/C, No, Ext): 859-986-8484		FAX (A/C, No): 859-986-4976
	E-MAIL ADDRESS:			
INSURED Sensabaugh Design & Construction LLC 2593 Calico Road Berea, KY 40403	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A:	Kentucky Associated General Contractors Fund SIS		A0271
	INSURER B:	STATE AUTO INSURANCE COMPANY		25127
	INSURER C:			
	INSURER D:			
	INSURER E:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR. LITE	TYPE OF INSURANCE	ADDL. SUBR. INSR.	YEAR	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU COVERAGE APPLIES TO CLASS 94007 (ESCAVATING) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			PBP2536004	07/13/2012	07/13/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED. RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			18437	01/01/2012	12/31/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 4,000,000 E.L. DISEASE - EA EMPLOYEE \$ 4,000,000 E.L. DISEASE - POLICY LIMIT \$ 4,000,000

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

CERTIFICATE HOLDER

LFUGG
200 E. Main Street
Lexington, KY 40507

CANCELLATION

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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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

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

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.

VEHICLES

VEHICLE DESCRIPTION	VEHICLE IDENTIFICATION NUMBER
2007 CADILLAC ESCALADE UTL4X44D	1GYFK63827R426443
2004 CHEVROLET SILVERADO PKP4X44D	1GCHK29U84E358812
1997 DODGE RAM PU2500 PKP 4X2	3B7KC23D8VM507808

General Policy Coverages

Uninsured Motorists	\$25,000 each person/\$50,000 each accident
Underinsured Motorists	\$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 with us.

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



Automobile Insurance

Sensabaugh, John

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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.



2007 CADILLAC ESCALADE UTL4X44D 1GYFK63827R426443

COVERAGE	COVERAGE LIMIT
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-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



2004 CHEVROLET SILVERADO PKP4X44D 1GCHK29U84E358812

COVERAGE	COVERAGE LIMIT
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



Kentucky Farm Bureau Mutual Insurance Company

Automobile Insurance 

Sensabaugh, John

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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

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

 1997 DODGE RAM PU2500 PKP 4X2 3B7KC23D8VM507808

COVERAGE	COVERAGE LIMIT
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
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



Jeffrey L. Koch

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.



CERTIFICATE OF LIABILITY INSURANCE

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 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).

PRODUCER Graves O'Neal Insurance Agency Inc. 1496 North Broadway Lexington, KY 40505	CONTACT NAME Trudy Anne Adams
	PHONE (A/C, No., Ext): 859-255-7282 FAX (A/C, No): 859-254-0894 E-MAIL ADDRESS: trudya@gravesoneal.com
INSURED G & G Paving and Construction Inc. Marvin Gateskill PO Box 35 Lexington, KY 40586	INSURER(S) AFFORDING COVERAGE
	INSURER A: STATE AUTO PROPERTY & CAS INS CO NAIC # 25127
	INSURER B: AGC A0189
	INSURER C:
	INSURER D:
	INSURER E:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			PBP 2110708	03/15/2012	03/15/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-FCST <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PBP 2110708	03/15/2012	03/15/2013	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
B	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 <input type="checkbox"/>	N/A	6602-0	01/01/2012	12/31/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 4,000,000 E.L. DISEASE - EA EMPLOYEE \$ 4,000,000 E.L. DISEASE - POLICY LIMIT \$ 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
XCU is not excluded

CERTIFICATE HOLDER LFUCC 200 E. Main Lexington, KY 40507	CANCELLATION 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 <i>Trudy Anne Adams</i>
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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).


PRODUCER BB&T - Insurance Services of Lexington 200 West Vine Street, Ste 300 Lexington, KY 40507	CONTACT NAME: PHONE (A/C, No, Ext): 859 224-8899 FAX (A/C, No): 866 643-2260 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Selective Insurance Co of Ameri 12572 INSURER B : Kentucky Associated Gen. Contra WCSIF INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Woodall Construction Company Inc 1332 Cahill Drive Lexington, KY 40504-1164		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:2,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			S1990088	06/07/2012	06/07/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Drive Oth Car SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>			S1990088	06/07/2012	06/07/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0 <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE			S1990088	06/07/2012	06/07/2013	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			20184	06/07/2012	06/07/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$4,000,000 E.L. DISEASE - EA EMPLOYEE \$4,000,000 E.L. DISEASE - POLICY LIMIT \$4,000,000
A	Leased and Rented Equipment			S1990088	06/07/2012	06/07/2013	\$500,000 Limit \$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.

CERTIFICATE HOLDER LFUCG 200 E. Main Street Lexington, KY 40507	CANCELLATION 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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