**JMAYNARD** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/30/2020

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						CONTACT Sheree Anderson, AAI, CISR, AINS					
	eter Insurance Group ens Insurance Group				PHONE (A/C, No, Ext): (859) 977-5586 4122 FAX (A/C, No): (859) 9					977-5587	
505 W	ellington Way				E-MAIL ADDRESS: sanderson@higusa.com						
Lexing	ton, KY 40503				INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A: United Fire & Casualty Company					13021	
INSURED						INSURER B : Kentucky Associated General Contractors Self Insurance Fund					
Adams Contracting, LLC					INSURER C:						
131 Prosperous Place, Suite 19A						INSURER D:					
	Lexington, KY 40509			<u> </u>	INSURE						
					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.											
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
A ()	COMMERCIAL GENERAL LIABILITY						•	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			60489296		4/1/2020	4/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
										= 000	

INSR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	(P (Y) LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY				<u> </u>	(	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			60489296	4/1/2020	4/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			60489296	4/1/2020	4/1/2021	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			60489296	4/1/2020	4/1/2021	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 0							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			20634	1/1/2020	1/1/2021	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE // N	N/A					E.L. EACH ACCIDENT	\$	4,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	4,000,000

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

CERTIFICATE HOLDER	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.

**Lexington Fayette Urban County Government** Contractor's Registration 200 East Main St Lexington, KY 40507

**AUTHORIZED REPRESENTATIVE** 

ACORD 25 (2016/03)

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