

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/15/2016

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	CONTACT NAME:		
Van Meter Insurance Group	PHONE (A/C, No, Ext): (859) 263-2771 FAX (A/C, No): (859)	263-1999	
505 Wellington Way Lexington, KY 40503	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: American Fire and Casualty Company	24066	
INSURED	INSURER B: Ohio Security Insurance Company	24082	
Adams Contracting, LLC	INSURER C: Ohio Casualty Insurance Company	24074	
501 Darby Creek Road, Suite 18	INSURER D : Kentucky Associated General Contractors Self Insurance Fund		
Lexington, KY 40509	INSURER E: Columbia Casualty Company	31127	
	INSURER F:		
	DE1//01011 11/14DED		

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 INS	URANCE	ADDL	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
Α	X COMMERCIAL GEN	ERAL LIABILITY				(min = 200 to 1)		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE	X OCCUR			BKA56634471	04/01/2016	04/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMI	T APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PROJECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X ANY AUTO				BAS56634471	04/01/2016	04/01/2017	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X UMBRELLA LIAB	X OCCUR						EACH OCCURRENCE	\$	5,000,000
С	EXCESS LIAB	CLAIMS-MADE	<u> </u>		USO56634471	04/01/2016	04/01/2017	AGGREGATE	\$	5,000,000
	DED RETEN	TION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABIL	ITV						X PER OTH- STATUTE ER		
D	D ANY PROPRIETOR/PARTNER/EXECUTIVE T/N		N/A		20634	01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	4,000,000
			"' ^					E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
								E.L. DISEASE - POLICY LIMIT	\$	4,000,000
Α					BKA56634471	04/01/2016	04/01/2017			500,000
E	E Pollution				C6020591050	12/10/2015	12/10/2016	Occurrence/Aggregate		1,000,000

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

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