Client#: 653073 LEXINURBAN

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Brenda S Stickrod AAI							
Marsh & McLennan Agency LLC	PHONE (A/C, No, Ext): 859-244-7684	FAX (A/C, No):						
PO Box 2030	E-MAIL ADDRESS: Brenda.Stickrod@MarshMMA.com							
360 East Vine Street, Ste 200	INSURER(S) AFFORDING COVERAG	SE NAIC#						
Lexington, KY 40588	INSURER A : Safety National Casualty Corporation	15105						
INSURED	INSURER B : Gemini Insurance	10833						
Lexington-Fayette Urban Co Government 200 East Main	INSURER C:							
	INSURER D:							
Room 338, Government Center	INSURER E:							
Lexington, KY 40507	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	NSR TR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY			XPR4068304	07/01/2023	07/01/2024	EACH OCCURRENCE	\$5,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$0
								PERSONAL & ADV INJURY	\$Included
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
		POLICY POLICY LOC						PRODUCTS - COMP/OP AGG	\$5,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			XPR4068304	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В		UMBRELLA LIAB OCCUR			XPE000028501	07/01/2023	07/01/2024	EACH OCCURRENCE	\$5,000,000
	X	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED RETENTION \$							\$
Α		RKERS COMPENSATION EMPLOYERS' LIABILITY			SP4066855	07/01/2023	07/01/2024	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$5,000,000
	(Mai	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

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

General Liability Coverage is Excess of the Retained Limit of \$1,500,000

Auto Liability Coverage is Excess of the Retained Limit of \$1,500,000

Workers Compensation Coverage is Excess of the Retained Limit of \$1,000,000

This certificate does not amend, extend or alter the coverage afforded by the policy. (See Attached Descriptions)

Lexington Christian Academy 450 W. Reynolds Road Lexington, KY 40503

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

Chi P. Barnett

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