



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/01/2025

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 AssuredPartners of West Virginia, LLC P O Box 2627 Huntington WV 25726 | | CONTACT NAME: Brenda Kash PHONE (A/C, No, Ext): (304) 736-2222 FAX (A/C, No): (304) 302-3401 E-MAIL ADDRESS: brenda.kash@assuredpartners.com | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------------------|--|--------|---------------------------------------|--|-------|--|--|-------|--|--|-------|-------------------|--|--|-------------------|--|--|-------------------|--|--|
| INSURED Tribute Contracting & Consultants LLC 2125 County Road 1 South Point OH 45680 | | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Motorists Insurance</td> <td></td> <td>13331</td> </tr> <tr> <td>INSURER B: Travelers Property Casualty Company of America</td> <td></td> <td>25674</td> </tr> <tr> <td>INSURER C: BrickStreet Mutual Insurance Company</td> <td></td> <td>12372</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: Motorists Insurance | | 13331 | INSURER B: Travelers Property Casualty Company of America | | 25674 | INSURER C: BrickStreet Mutual Insurance Company | | 12372 | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
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| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** CL249514553**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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|-------------|---|--|-------------|-------------------|----------------------------|----------------------------|---|--------------|
| | | | | | | | PER STATUTE | OTH- ER |
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: | Y | | 5001040107 | 08/09/2024 | 08/09/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | | | | \$ 500,000 | |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | 5001040107 | 08/09/2024 | 08/09/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | BODILY INJURY (Per person) | | | | | | \$ | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | EX-A1023669-24-NF | 08/09/2024 | 08/09/2025 | EACH OCCURRENCE | \$ 5,000,000 |
| | AGGREGATE | | | | | | \$ 5,000,000 | |
| C | 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 checked="" type="checkbox"/> | N/A | WCB1038247 | 08/09/2024 | 08/09/2025 | <input checked="" type="checkbox"/> PER STATUTE | OTH-ER |
| | E.L. EACH ACCIDENT | | | | | | \$ 1,000,000 | |
| A | Rented/Leased Eqpt Coverage Installation Floater | | | 5001040107 | 08/09/2024 | 08/09/2025 | Rented/Leased Eqpt | \$500,000 |
| | Installation Floater | | | | | | \$1,000,000 | |

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

Certificate holder and Strand Associates (architect) named additional insured with respect to the Wolf Run Trunk G Project

CERTIFICATE HOLDER

| |
|---|
| LFUCG 200 East Main Street,3rd Floor 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

Brenda Kash

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