

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 Commercial Lines- 800-489-0105 Palomar Insurance Corporation 4525 Executive Park Drive, Ste 202 Montgomery, AL 36116	CONTACT NAME: Hank Strother/Debra Sanders
	PHONE (A/C, No, Ext): 334-409-3205 FAX (A/C, No): 334-323-4155 E-MAIL ADDRESS: debbras@palomarins.com
INSURED Ozark Materials, LLC 848 Sprott Road PO Box 210128 Montgomery AL 36121 0128 Montgomery, AL 36109	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Liberty Mutual Fire Insurance C 23035
	INSURER B : Bridgefield Casualty Insurance 10335
	INSURER C : Phoenix Insurance Company 25623
	INSURER D : First Liberty Insurance Company 33588
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY	X	TB2Z91461976023	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					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				
						\$				
D	AUTOMOBILE LIABILITY	X	AS6Z91461976013	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000				
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$				
						\$				
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$				
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$				
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				\$				
	B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					019633903	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A				E.L. EACH ACCIDENT \$1,000,000
			E.L. DISEASE - EA EMPLOYEE \$1,000,000							
			E.L. DISEASE - POLICY LIMIT \$1,000,000							
C	Comm Property and Equipment		QT6608740M617COF13	12/31/2013	12/31/2014	Per schedule on file w carrier. \$1,000 ded.				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 AIGLAL-Please note boxes checked regarding the general liability and auto liability per contract requirements. Please see attached endorsements per contract requirements.
 Email: Debra Bright-dbright4@lexingtonky.gov;
 Amy: amy@ozarkmaterials.net and Janet: janet@ozarkmaterials.net

CERTIFICATE HOLDER Lexington Federal Urban County Government 200 East 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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