

## CERTIFICATE OF LIABILITY INSURANCE

JUDYC-1 OP ID: TD DATE (MM/DD/YYYY)

04/06/2015

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 GCH Insurance Group 2250 Thunderstick Dr Ste. 1104 Lexington, KY 40505 John Hampton		CONTACT John Hampton PHONE (A/C, No, Ext): 859-254-1836 (A/C, No):	859-226-0277			
		E-MAIL ADDRESS:	E-MÁIL			
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: The Travelers Indemnity Co	25658			
INSURED	Judy Construction Company 103 South Church St P.O. Box 457 Cynthiana, KY 41031	INSURER B: Travelers Property Casualty Co	25674			
		INSURER C: KY AGC SIF				
		INSURER D: AGCS Marine Insurance Company	22837			
	•	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		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	•	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(WIWI/DD/TTTT)		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	DTCO962J2545	04/30/2014	04/30/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X Includes XCU						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
ĺ	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X ANY AUTO	X	X	DT810962J2545	04/30/2014	04/30/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α	EXCESS LIAB CLAIMS-MADE	X	X	DTSMCUP962J2545	04/30/2014	04/30/2015	AGGREGATE	\$	5,000,000
	DED   X   RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION						PER STATUTE <b>X</b> OTH- ER		
С	C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			17755	01/01/2015	01/01/2016	E.L. EACH ACCIDENT	\$	4,000,000
							E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	4,000,000
D	Builder Risk			MXI93018047	04/30/2014	04/30/2015	Bldr Risk		15,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: Wolf Run Wet Weather Storage Facility. Lexington-Fayette Urban County Government and its elected and appointed officials, employees, agents, boards, consultants, assigns, volunteers and successors. (continued on page 2)

**CERTIFICATE HOLDER** 

Lexington-Fayette Urban County Government	LFUCG00	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Division of Central Purchas	sing	AUTHORIZED REPRESENTATIVE
200 E. Main St. Lexington, KY 40507	-	John W. Hampton

CANCELLATION

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NOTEPAD:	HOLDER CODE LFUCG00 INSURED'S NAME Judy Construction		PAGE 2  Date 04/06/2015
General & Auto li Dasis.	ability coverage applies or	n primary and non-contributory	
eneral liability	policy includes coverage f	for explosion, collage and	
		Rockhill for the period 4/30/14	
.e 1,00,15, perio	, "12001000000000000000000000000000000000	de lacin claim, agglegade limite.	