

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/04/2016

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 MEARS INSURANCE AGENCY INC 313 S MAIN ST FRANKLIN, OH 45005	CONTACT NAME: JAMES MEARS PHONE: FAX: (937)746-2166 E-MAIL ADDRESS: minsurance6@cinci.rr.com INSURER(S) AFFORDING COVERAGE NAIC #																		
INSURED DAVID WILLIAMS & ASSOCIATES INC PO BOX 3315 741 S SAWBURG RD ALLIANCE, OH 44601	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">INSURER A</td><td style="width: 40%;">Central Mutual</td><td style="width: 30%;">20230</td></tr> <tr><td>INSURER B</td><td></td><td></td></tr> <tr><td>INSURER C</td><td></td><td></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> </table>	INSURER A	Central Mutual	20230	INSURER B			INSURER C			INSURER D			INSURER E			INSURER F		
INSURER A	Central Mutual	20230																	
INSURER B																			
INSURER C																			
INSURER D																			
INSURER E																			
INSURER F																			

CERTIFICATE NUMBER **2289638** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			7897895	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNERS/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			7897895	04/01/2015	04/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			7943546	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

CERTIFICATE HOLDER LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT 200 E MAIN ST RM 339 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 JAMES MEARS
---	---

Shane Mears

From: "Molly Marshall" <mollymarshall@cinci.rr.com>
Date: Friday, March 04, 2016 10:58 AM
To: <shanemears@cinci.rr.com>
Attach: 1.1 RM Construction (00470806xAFB4D).doc
Subject: Fw: Bid #23-2016 Outdoor Playground Equipment

From: Kyle Jones
Sent: Wednesday, March 02, 2016 5:02 PM
To: 'Molly Marshall'
Subject: FW: Bid #23-2016 Outdoor Playground Equipment

Molly,

Can you take a look at the attached document and get me what I need for these? I have included what they are asking for but wanted to include the request document as well.

General Liability aggregate (Insurance Services Office Form CG 00 01)	\$1 million per occurrence, \$2 million or \$2 million combined single limit
Commercial Automobile Liability (Insurance Services Office Form CA 0001)	combined single, \$1 million per occurrence
Worker's Compensation	Statutory
Employer's Liability	\$500,000.00

This was an additional section in the document as well.

Verification of Coverage

BIDDER/CONTRACTOR agrees to furnish LFUCG with all applicable Certificates of Insurance signed by a person authorized by the insurer to bind coverage on its behalf prior to final award, and if requested, shall provide LFUCG copies of all insurance policies, including all endorsements

Sincerely,

 Kyle Jones, VP Operations
 David Williams & Associates, Inc.
 513-788-1824
www.davidwilliamsassociates.com

From: Conni Hayes [<mailto:chayes@lexingtonky.gov>]
Sent: Tuesday, March 01, 2016 11:55 AM
To: kylej@davidwilliamsassociates.com; jeff@playspec.com; office@countysideco.com; blugrec@aye.net; Tami Phillips; randeen@recreationinsites.com; jegerman2@windstream.net; darrell@allrec.com
Subject: Bid #23-2016 Outdoor Playground Equipment

3/4/2016

Good Morning Everyone!

The Lexington-Fayette Urban County Government would like to accept your submittal for the purposes of establishing a price contract. To facilitate this process I will need a copy of your Certificate of Liability Insurance. Please see attachment for Risk Management Provisions.

If you have any questions, please let me know.

Thank you,

Conni M. Hayes

Conni M. Hayes, MS, Buyer
Lexington-Fayette Urban County Government
Division of Central Purchasing
200 E. Main St., Room 338
Lexington, KY 40507
859-258-3320

The contents of this message and any attachments are proprietary, confidential and/or legally privileged, and are intended solely for the use of the person(s) intended to receive this message. If you are not the intended recipient, then please be aware that any use of this message (including any copying, archiving, dissemination or distribution of this message) is strictly prohibited. If you have received this message in error, please notify the sender, delete this message and any attachments and destroy all records and copies of it. Thank you.