

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2016

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

PRODUCER	CONTACT Kim Woods				
THORNBURG INSURANCE AGENCY INC	PHONE (A/C, No, Ext): (304) 697-7650 FAX (A/C, No): (304)	FAX (A/C, No): (304) 697-7699			
2519 3rd Ave	E-MAIL ADDRESS: kwoods@thornburgagency.com				
P O Box 2966	INSURER(S) AFFORDING COVERAGE	NAIC #			
Huntington WV 25728	INSURER A: Cincinnati Specialty Underwriters	13037			
INSURED	INSURER B: Westchester Surplus Lines Ins	10172			
Solid Rock Construction Services LLC	INSURER C American Mining Insurance Co	26727			
2420 Galia	INSURER D :				
	INSURER E :				
Portsmouth OH 45662	INSURER F :				
COVERAGES CERTIFICATE NUMBER Maste	2 16-17 DEVISION 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	x Contractual Liability		CSU0080187	3/1/2016	3/1/2017	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
1	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
Į	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
ļ	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 4,000,000
A	EXCESS LIAB CLAIMS-MADE				,	AGGREGATE	\$ 4,000,000
	DED RETENTION \$		CSU0080190	3/1/2016	3/1/2017		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					x PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WC47-47-002518-01	4/24/2016	4/24/2017	E.L. EACH ACCIDENT	\$ 1,000,000
C	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
В	Pollution Liability		G27149571002	2/26/2016	2/26/2017	Each Pollution Condition	\$1,000,000
						General Aggregate	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance subject to policy terms, conditions, limitations and exclusions.

CERTIFICATE HOLDER	
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CANCELLATION

Lexington-Fayette Urban County Government 200 East Main Street 3rd Floor, Room 338 Lexington, KY 40507

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

Ryan Wingrove/KDW