

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/15/2015

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			CONTACT Virginia Lowe		
Worth Insurance Group	Inc		PHONE (A/C, No, Ext): (859) 296-1323 FAX (A/C, No): (	859)296	5-1353
444 Lewis Hargett Circ	cle		E-MAIL ADDRESS: Virginia@worthins.com		
Suite 125			INSURER(S) AFFORDING COVERAGE		NAIC #
Lexington	KY	40503	INSURER A :EMC		
INSURED			INSURER B Kentucky AGC/SIF		
Olympic Construction 1	LLC		INSURER C:		
216 Brome Drive			INSURER D:		
			INSURER E :		
Nicholasville	KY	40356-9526	INSURER F:		
COVERAGES		CERTIFICATE NUMBER:15-16	REVISION NUMBER:		

## COVERAGES **CERTIFICATE NUMBER:**15-16

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 S	UBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY	INCO	102.01.10	(11111)	(,	EACH OCCURRENCE \$ 1,000,000	
A	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED \$ 100,000	
			5A36055	9/1/2015	9/1/2016	MED EXP (Any one person) \$ 15,000	
			5D36055			PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000	
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER:					\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
l a	ANY AUTO					BODILY INJURY (Per person) \$	
**	ALL OWNED X SCHEDULED AUTOS		5E36055	9/1/2015	9/1/2016	BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
						PIP-Basic \$	
	X UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$ 5,000,000	
A	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 5,000,000	
	DED RETENTION\$		5j36055	9/1/2015	9/1/2016	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$ 4,000,000	
В	(Mandatory in NH)		20473	1/1/2016	12/31/2016	E.L. DISEASE - EA EMPLOYEE \$ 4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 4,000,000	
	Installation Floater		5C36055	9/1/2015	9/1/2015	Coverage Limit 50,000	
A	Rental Coverage		5C36055	9/1/2015	9/1/2016	Coverage Limit 100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Insured's Policy does cover acts of demolation & debris removal ie wrecking and demolation coverage.

CERTIFICATE HOLDER	CANCELLATION
(859)258-3780 creed2@lexingtonky.gov  LFUCG Replacemnt Fire Station No. 2 Lexington, 200 E Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40503	AUTHORIZED REPRESENTATIVE
	Karl Wetzel/JENNY

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