



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2020

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 have ADDITIONAL INSURED provisions or 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).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>Logan Lavelle Hunt<br>11420 Bluegrass Pkwy<br><br>Louisville KY 40299 |  | <b>CONTACT NAME:</b> Ashley Dawson<br><b>PHONE (A/C, No, Ext):</b> (502) 499-6880<br><b>FAX (A/C, No):</b> (502) 499-6947<br><b>E-MAIL ADDRESS:</b> ashleykrumm@lhins.com |  |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
|  |  | <b>INSURER A:</b> Motorists Mutual Insurance Company-Encova   |  |
|  |  | <b>INSURER B:</b> BrickStreet Mutual Insurance Co-Encova  |  |
|  |  | <b>INSURER C:</b>   |  |
|  |  | <b>INSURER D:</b>   |  |
|  |  | <b>INSURER E:</b>   |  |
|  |  | <b>INSURER F:</b>   |  |
| <b>INSURED</b><br>Wooldridge Homes Inc<br>15002 Railroad Street<br><br>Memphis IN 47143  |  | NAIC #<br>12372   |  |

**COVERAGES**

CERTIFICATE NUMBER: 2020-21

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.

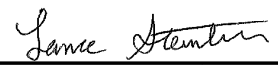
| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 5000140563    | 10/31/2020              | 10/31/2021              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |           |          | 5000140563    | 10/31/2020              | 10/31/2021              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Uninsured motorist \$ 1,000,000   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          | 5000140564    | 10/31/2020              | 10/31/2021              | COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$   |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | WCB1032639    | 08/24/2020              | 08/24/2021              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                 |
| A        | Motor Truck Cargo   |           |          | 5000140563    | 10/31/2020              | 10/31/2021              | Single Conveyance \$250,000<br>Deductible \$2,500  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Excess Liability covers in the amount of \$2,000,000 by Evanston Insurance Company under policy #XOBW8764420 with effective dates of 10/31/2020-10/31/2021

Blanket Additional Insured applies to General Liability, Auto Liability & Umbrella coverages on a Primary & Non-Contributory Basis where required by written contract subject to policy terms, conditions & exclusions. Waiver of Subrogation applies to General Liability, Auto Liability, Workers Compensation & Umbrella coverage where required by written contract subject to policy terms, conditions & exclusions. **Wooldridge Homes Inc is insured to do wrecking for City of Lexington project.**

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| City of Lexington<br>200 East Main Street<br><br>Lexington KY 40507 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
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## ADDITIONAL COVERAGES

|                      |  |                        |                   |                 |         |
|----------------------|--|------------------------|-------------------|-----------------|---------|
| Ref #                | Description<br>Medical payments                            | Coverage Code<br>MEDPM | Form No.          | Edition Date    |         |
| Limit 1<br>10,000    | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description<br>Auto Extension Endorsement                  | Coverage Code<br>ATEXE | Form No.          | Edition Date    |         |
| Limit 1              | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description<br>Motor Truck Cargo                           | Coverage Code<br>MTCLI | Form No.          | Edition Date    |         |
| Limit 1<br>250,000   | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description<br>Underinsured motorist combined single limit | Coverage Code<br>UNCSL | Form No.          | Edition Date    |         |
| Limit 1<br>1,000,000 | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description  | Coverage Code          | Form No.          | Edition Date    |         |
| Limit 1              | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description  | Coverage Code          | Form No.          | Edition Date    |         |
| Limit 1              | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description  | Coverage Code          | Form No.          | Edition Date    |         |
| Limit 1              | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description  | Coverage Code          | Form No.          | Edition Date    |         |
| Limit 1              | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description  | Coverage Code          | Form No.          | Edition Date    |         |
| Limit 1              | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |
| Ref #                | Description  | Coverage Code          | Form No.          | Edition Date    |         |
| Limit 1              | Limit 2  | Limit 3                | Deductible Amount | Deductible Type | Premium |