

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

05/21/2014

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).

certificate floraci in fied of Saon endorsement(s)				
PRODUCER	CONTACT NAME:			
The Underwriters Group, Inc. 1700 Eastpoint Parkway	PHONE (A/C, No, Ext): 502-244-1343 [A/C, No]: 502-24 E-MAIL ADDRESS:	FAX (A/C, No): 502-244-1411		
P.O. Box 23790	INSURER(S) AFFORDING COVERAGE	NAIC#		
Louisville, KY 40223	INSURER A: Federal Insurance Company	20281		
INSURED	INSURER B: State Auto Mutual Insurance Company 2			
Harrod Concrete & Stone Co., Inc.	INSURER C: Houston Casualty Company	43274		
Harrod Transport, Inc.	INSURER D: Kentucky AGC Self Ins Fund			
P.O. Box 794 Frankfort, KY 40602	INSURER E:			
	INSURER F:			
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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	TYPE OF INSURANCE	ADDL INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
А	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY		37111444	11/11/2013	11/11/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$1,000,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC						\$
В	AUTOMOBILE LIABILITY		BAP236329101	11/11/2013	11/11/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	7,5,75					Aggregate	\$
С	X UMBRELLA LIAB X OCCUR		H12XC5001602	11/11/2013	11/11/2014	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		890	01/01/2014	12/31/2014	X WC STATU- OTH- TORY LIMITS ER	
	AND EVIPLOYERS LIABILITY  Y / N  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$4,000,000
	(Mandatory in NH)	N, A				E.L. DISEASE - EA EMPLOYEE	\$4,000,000
	Îf yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$4,000,000
A	Contractors Equipment		37111444	11/11/2013	11/11/2014	Rental Equipment	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Lexington Fayette Urban Co. Govt	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 East Main St.	ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE  LUCE W FERONON

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