

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2024 12:00:00 AM

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).						
PRODUCER		NAME: Dieliua Rasii				
AssuredPartners of West Virginia, LLC		(A/C, No, Ext): (304) 730-2222 (A/C, No): (304) 302-3401				
P O Box 2627		E-MAIL ADDRESS: brenda.kash@assuredpartners.com				
		INSURER(S) AFFORDING COVERAGE				
Huntington WV 25726		INSURER A : Motorists Insurance				
INSURED		INSURER B: Travelers Property Casualty Company of America				25674
Tribute Contracting & Consultants LLC		INSURER C :				
2125 County Road 1		INSURER D :				
		INSURER E :				
South Point OH 45680	INSURI	INSURER F :				
COVERAGES CERTIFICATE NUMBER: CL249514553 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 SUBR POLICY N	JMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE		00,000
CLAIMS-MADE 🗙 OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000		,000
				MED EXP (Any one pe	10.000	
A Y 5001040107	5001040107		08/09/2025	PERSONAL & ADV IN	SONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGA	RALAGGREGATE \$ 2,000,000	
				PRODUCTS - COMP/0	2 000 000	
				Ohio Employers L		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		00,000
ANY AUTO			08/09/2025	BODILY INJURY (Per person) \$		
A OWNED SCHEDULED AUTOS NLY AUTOS NNY NON-OWNED NUTCE ONLY NON-OWNED		08/09/2024		BODILY INJURY (Per a	INJURY (Per accident) \$	
				PROPERTY DAMAGE (Per accident)		
				Medical payments	s \$ 5,00	00
				EACH OCCURRENCE \$ 5,000,000		00,000
A EXCESS LIAB CLAIMS-MADE EX-A1023669-24-	NF	08/09/2024	08/09/2025	AGGREGATE	\$ 5,000,000	
DED RETENTION \$				AGGREGATE	\$	· ·
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under				X PER STATUTE	OTH-	
						00.000
		08/09/2024	08/09/2025	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLIC Rented/Leased Ec		0,000
A Installation Floater 5001040107		08/09/2024	08/09/2025	Installation Floater		000,000
					(⁴⁰ ,0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
RE: Blenheim Way Trunk Sewer Replacement						
Certificate holder named additional insured with regards to the above referenced project for operations performed by the named insured for the certificate						
holder.						
CERTIFICATE HOLDER CANCELLATION						
Lexington-Fayette Urban County Government 200 East Main St, 3rd Floor		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				
		Burn Or Kala				
Lexington KY 40507 Buuda Kcoh					5M	
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