Client#: 645142 HERRICOMPA

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

mile commence accession commentary righted to the commence include in hou	` ,				
PRODUCER	CONTACT Debra Smalley				
Marsh & McLennan Agency LLC	PHONE (A/C, No, Ext): 859-244-7636 FAX (A/C, No):				
360 East Vine Street, Ste 200	E-MAIL ADDRESS: Debra.Smalley@MarshMMA.com				
Lexington, KY 40507	INSURER(S) AFFORDING COVERAGE	NAIC #			
859 254-8023	INSURER A: Selective Insurance Company of America	12572			
INSURED	INSURER B: KY Assoc. General Contractors SIF	999999			
Herrick Company, Inc.	INSURER C: The Cincinnati Casualty Company	28665			
2176 Waddy Road	INSURER D:				
Lawrenceburg, KY 40342-9440	INSURER E :				
	INSURER F:				

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 LTR		TYPE OF INSUR		ADDL SUE	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
Α	X	CLAIMS-MADE	X OCCUR		S2405322	10/11/2023	01/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$500,000
	Х	PD Ded:500						MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT AF	PPLIES PER:					GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT	LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			S2405322	10/11/2023	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X	Drive Oth Car							\$
Α	X	UMBRELLA LIAB	X OCCUR		S2405322	10/11/2023	01/01/2025	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$5,000,000
		DED RETENTIO	*						\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY	v		007033	01/01/2023	01/01/2024	X PER OTH- STATUTE ER	
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A				E.L. EACH ACCIDENT	\$4,500,000	
	(Mai	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$4,500,000
	DES	s, describe under CRIPTION OF OPERATIO	ONS below					E.L. DISEASE - POLICY LIMIT	\$4,500,000
С	CL Umbrella			EXS0667731	S0667731 10/11/2023		\$5,000,000 Occurrer	nce	
								\$5,000,000 Aggrega	te

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

First Supplemental Name applies to all policies - Herrick Company, Inc.

RE: Project: LFUCG BID #113-2023 WWTP Pumping Station Diagnostic and Repair Services

(See Attached Descriptions)

CERTIFICATE HOLDER

LFUCG 250 E Main Street 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
	Chri P. Barnett

CANCELLATION

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^{**} Supplemental Name **

DESCRIPTIONS (Continued from Page 1)						
Certificate holder is included as Additional Insured for General Liability and Auto Liability with respect to work performed by the Named Insured, when required by written contract, agreement or permit and subject to the provisions and limitations of the policy.						
General Liability is written on a primary and non-contributory basis when required by written contract, agreement or permit and subject to the provisions and limitations of the policy.						