

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 8/1/2022

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).

00/504050	OFFICIONTE NUMBER: 4445047744	DEVICION NU				
		INSURER F:				
		INSURER E:				
Strand Associates, Inc 910 W. Wingra Drive Madison WI 53715		INSURER D:				
		INSURER C:				
INSURED	STRAASS-01	INSURER B:				
		INSURER A: CNA Insurance Companies		35289		
2901 W. Beltline Hwy. Suite 202 Madison WI 53713		INSURER(S) AFFORDING COVERAGE	INSURER(S) AFFORDING COVERAGE			
		E-MAIL ADDRESS: joe.keal@ansay.com				
Ansay & Associates, LLC. MSN		PHONE (A/C, No, Ext): 800-643-6133	FAX (A/C, No): 608-83	A/C, No): 608-831-4777		
PRODUCER		CONTACT NAME: Joe Keal				
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## COVERAGES CERTIFICATE NUMBER: 1145347711 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		SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	INOR	WVD	5099170076	1/1/2022	1/1/2023	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 900,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 15,000
	X <sub>1,000</sub>						PERSONAL & ADV INJURY	\$ 1,000,000
	X XCU Cov. Inc.						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			5099170062	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR			5099170059	1/1/2022	1/1/2023	EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	DED X RETENTION \$ 10,000							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC595126844	1/1/2022	1/1/2023	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Professional Liability Full Prior Acts			AEH113974097	7/11/2022	7/11/2023	Each Claim Aggregate Full Prior Acts	2,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) PROJECT: Investigation-Design Services for Disinfection Process Replacement Project (RFP #30-2022)

CANCELLATION

Lexington Fayette Urban County Government 200 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