Client#: 813876 66LAGCOINC

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/08/2022

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 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).

PRODUCER	CONTACT NAME:					
McGriff Insurance Services	PHONE (A/C, No, Ext): 859 224-8899 FAX (A/C, No): 6	3666432260				
200 W Vine Street, Suite 300	E-MAIL ADDRESS:	Ē-MĀIL				
Lexington, KY 40507	INSURER(S) AFFORDING COVERAGE	NAIC#				
859 224-8899	INSURER A: Amerisure Insurance Company	19488				
INSURED	INSURER B : Amerisure Mutual Insurance Co.	23396				
Lagco, Inc. P.O. Box 12510	INSURER C: Kentucky Associated Gen. Contract SIF					
	INSURER D:					
Lexington, KY 40583	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	NSR TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY					CPP21157350001	10/31/2021	10/31/2022	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
									MED EXP (Any one person)	\$10,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	A AUTOMOBILE LIABILITY					CA21157340001	10/31/2021	10/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS ONLY AI	CHEDULED UTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X AI	ION-OWNED UTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
В	Χ	UMBRELLA LIAB X	OCCUR			CU21157380002	10/31/2021	10/31/2022	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$10,000,000
	DED X RETENTION \$0								\$	
С					000207	01/01/2022	01/01/2023	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					E.L. EACH ACCIDENT	\$4,500,000
	(Mandatory in NH)			, ,					E.L. DISEASE - EA EMPLOYEE	\$4,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$4,500,000
В	B Leased & Rented					IM21157370002	10/31/2021	10/31/2022	\$200,000 Limit	
									\$1,000 Deductible	

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

Regarding: Government Annex Mechanical System Bid

VIII. 107.11 1.10 II.	0,110===,111011
LFUCG 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
	HARRES

CANCELLATION

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CERTIFICATE HOLDER

